

Med Readiness, Processing, MEDPROS LRMC

Force Health Protection/ MEDPROS Synchronization

ERMC Force Health Protection Office

COL Allen J. Kraft

Ms Klemm

MEDPROS Coordinator

Med Readiness, Processing, MEDPROS

- Agenda - See Handout
- Purpose: Provide semi-annual FHP/Med Readiness/MEDPROS synchronization with MTF's/Clinic's - **In turn you take it to your line units. PROACTIVE APPROACH!!!**
- Meeting to facilitate information update/feedback regarding medical readiness, deployment/re-deployment medical processing in USAREUR/Your footprint
- Provides opportunity for MTF's/clinics to describe/share their success's and challenges

Med Readiness, Processing,

MEDPROS

Director
COL Allen J. Kraft
371-3296

**USAREUR/ERMC
FHPO**

ORGANIZATION

NCOIC FHPO
MSG Joey Gibbons
371-3349

Deputy Director
USAR (Dep 1 Mar 05)
COL Terry T. Allmond
371-2077

MEDPROS Coordinator
USAREUR
Ms. Delois Klemm
371 -2737

MILVAX Analyst
Eagle Group
Ms. Carolyn Hurst
371-3179

Deployment Coordinator
ASMR (GWOT)
Mr. Alex Jackman
371 -2940

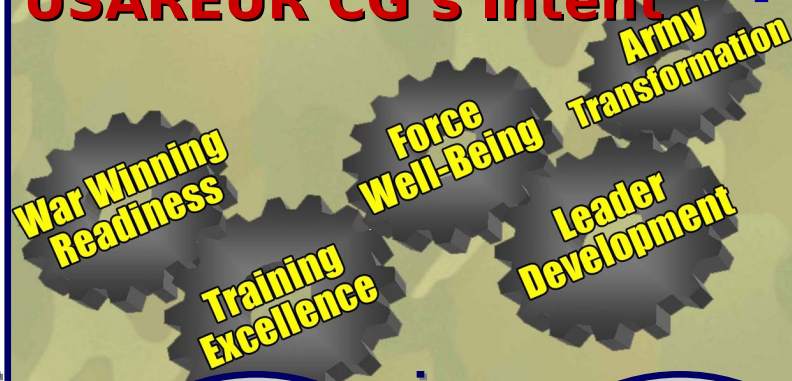
MEDPROS
ASMR Trainer/
Analyst
371-2629

Readiness Coordinator
Eagle Group (GWOT)
Ms Marta Mitchell
371 -2629

Med Readiness, Processing,

MEDPROS

USAREUR CG's Intent



Full Spectrum of Healthcare

- Deploy a Healthy Force
- Deploy the Medical Force
- Manage the Care
- AMEDD Transformation

Peacetime Healthcare

1 Medical Center

2 Army Hospitals

26 Health Clinics

ERDC

CHPPM-EUR

USAMMCE

WRAIR-EUR

TRICARE Europe

Army Lead Agent

Host Nation Support

Robust Preferred Provider Network

Patient Choices - Prime & Standard

Patient Liaison

WIC Overseas

Command Surgeon

Force Health Protection

Medical Readiness

CHCS

MEDPROS

Influenza, Anthrax, Smallpox

91W Program

Operations

Balkans - SFOR & KFOR

Georgia Train & Equip

OEF / OIF

LID/1AD De/Redeployment

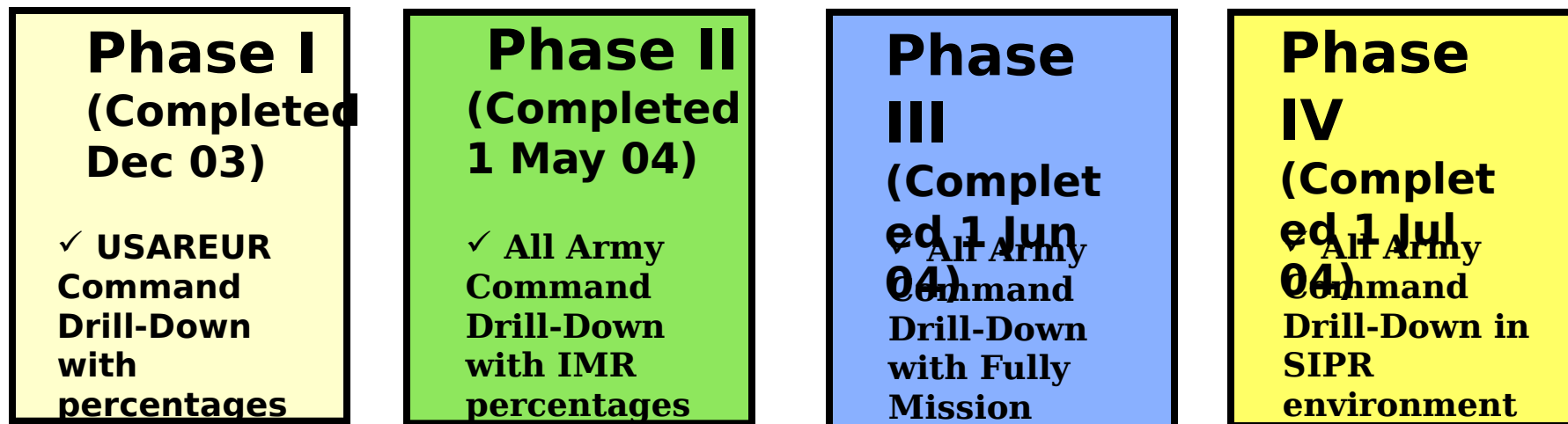
V Corps Redeployment

Med Readiness, Processing, MEDPROS

- **Medical Readiness is a critical component of the most lethal weapon system in the world...*The Human Weapon System.***
- **Allows Leadership and Soldiers - to focus on critical war fighting tasks, provides confidence to Soldiers and their families...a critical combat multiplier!**

Med Readiness, Processing, MEDPROS

MEDPROS - UMR/IMR



12-16 Apr: MPO identifies the MACOM UIC data source validators and begin identifying Phase III Requirements.

12-16 Apr: Meet with MPO to define specific actions to implement All Army Cmd Drilldown.

20 Apr: Provide limited access to MACOM UIC validators and other designated personnel in MEDPROS Production site.

20 Apr: Move all Army Cmd Drilldown to production.

1 Jun: Field All Army Cmd Drilldown with FMR metric.

15 Jun: Demo Phase III in SIPRNET environment.

Mar 04

Apr 04

May 04

June 04

July 04

16 Mar: Received MPO approval to post new UIC Tree to MEDPROS Production site.

1 May: Release All Army Cmd Drilldown Phase II product to designated users.

9 Jun: Test and evaluate with MACOM UIC validators.

1 Jul: Field IMR Cmd Drilldown in SIPRNET.

Med Readiness, Processing, MEDPROS

UMR/IMR and AR

220-1

Actions Completed

- TSG Brief to CSA
- Concept Brief to Readiness Conference

Actions Completed

- IMR elements finalized and Implementation Plan Completed
- MEDCOM draft AR 220-1 comments to G-1
- G-3 final draft of

AR 220-1 published for

Actions Completed/Working

- Readiness Conference brief
- MACOM Coordination
- Publish final version of AR 220-1
- Phased Implementation

MEDCOM draft of Appendix D/Table D-1 submitted to G-1

MEDCOM COA briefed to Readiness Conference and released for MACOM review

10 May: IMR elements finalized and MEDCOM comments submitted to G-1/3

O/A: Final version of AR 220-1 published

USAREUR GEN Bell - 95% FMR By 1 Oct 04

6-11 Jun: Readiness Conference

Apr 03

Jun 03

Feb 04

Mar 04

May 04

Jun 04

Jan 05

Apr 05

TSG briefed CSA on proposal to include IMR in AR 220-1

2-4 Mar: Army Readiness Council of Colonels discussed IMR/IISR issues

Jul 04: MACOM Coordination

O/A: Phased Implementation

29 NOV 04

Med Readiness, Processing, MEDPROS

GEN Bell Policy Letter 32, Individual/Unit Medical Readiness and Anthrax

Vaccination Programs 18 Aug 04

<https://www.aeaim.hqusareur.army.mil/library/ltr/cincpoli/index-cg.shtm>

**Directs 90% Anthrax and 95% IMR/UMR
compliance in MEDPROS NLT 10Oct 04
for all USAREUR Units (Anthrax Program
on Pause)**

Med Readiness, Processing, UMR/IMR Categories

- **Fully Medically Ready (FMR):** Soldier meets all 8 USR reportable items
 - Not Pregnant (Updated at User Level)
 - Medical Non-deployable Profile (Updated User Level)
 - DNA (Updated Weekly)
 - Dental (Updated Daily)
 - HIV (Updated Weekly)
 - Immunizations (Updated at User Level)
 - No Limited Duty Profile (Updated at User level)
 - Current Physical Exam (Updated Bi-Weekly)
- **Critical, but not USR Reportable (These are the ones the unit verify and do quarterly):**
 - 90 Days Meds (Updated at User level)
 - Medical Warning Tags (Updated at User level)
 - 2-Pair of Military Glasses (Updated at User level)
 - Protective Mask Inserts (Updated at User level)
 - Hearing Aid with Batteries (Updated at User level)
 - Eye, Hearing, Respiratory Equip (Updated at User level)
 - Panograph (Updated Daily)
- **Others:** G6-PD. Anthrax and HEP B to become a part of Routine Adult Profile in MEDPROS for those that have started. Will take a few weeks after Anthrax Pause is lifted to show in MEDPROS.

Drill down to
your unit

Percent value is the Percent Green

Jump to Parent UIC

submit

USR Items are Blue
Print/ White
background. (Medics
update). Units update
White Print/Blue
background items

UIC	UIC Description	Assigned	FMR %	PRG %	MND %	DNA %	DEN %	HIV %	IMM %	LDP %	CPE %	2PG %	1MI %	HAB %	MED %	MWT %	OPR %	OPV %	OPH %
ASGN	--- No Description Found ---	3,574	3%	100%	65%	80%	24%	64%	10%	99%	51%	16%	14%	18%	17%	17%	14%	13%	12%
OMAA	OFC CHIEF OF ENGINEERS	690	7%	100%	51%	93%	64%	88%	19%	100%	71%	14%	13%	17%	15%	15%	12%	14%	7%
QQA	NATIONAL GUARD BUREAU	336,666	14%	99%	56%	90%	45%	97%	33%	97%	91%	44%	42%	52%	49%	50%	42%	41%	40%
YAA	HQ USA INTEL SEC CMD	8,170	12%	99%	58%	98%	77%	88%	26%	99%	82%	16%	16%	24%	17%	18%	19%	19%	11%
SOAA	USA RCTG COMD HQ	9,734	2%	100%	44%	90%	29%	53%	7%	100%	54%	6%	7%	12%	7%	7%	12%	13%	7%
ANAA	USAREUR 7A OCINC	59,115	39%	96%	91%	99%	78%	97%	68%	96%	83%	82%	81%	80%	79%	77%	78%	78%	78%
GVAA	HQ USAMDW	3,096	3%	100%	36%	98%	88%	91%	8%	100%	75%	6%	6%	8%	7%	7%	8%	8%	6%
GWAA	HQ AMC	1,700	12%	99%	55%	95%	76%	86%	24%	100%	77%	15%	15%	16%	15%	13%	15%	15%	11%
QFAA	HQ MIL SUR DEPL/DISTR CMD	305	11%	100%	52%	90%	64%	90%	21%	100%	83%	21%	19%	20%	19%	18%	14%	13%	11%
24AA	OFC CHIEF RES	321,589	9%	99%	45%	90%	32%	89%	26%	99%	71%	19%	19%	22%	20%	20%	17%	20%	14%
FBAA	HQ USMA STAFF & FACULTY	1,090	21%	100%	49%	96%	88%	83%	49%	100%	85%	5%	6%	9%	6%	6%	9%	10%	5%
PNAA	HQ US MEPCOM	767	4%	100%	59%	96%	49%	68%	11%	99%	61%	10%	11%	16%	11%	11%	15%	15%	10%
KPAA	HQ USA CRIM INVEST CMD	1,362	11%	99%	64%	96%	75%	89%	23%	98%	75%	28%	28%	31%	27%	28%	28%	26%	22%
YAA	USA MEDCOM	29,255	28%	98%	75%	98%	88%	92%	47%	98%	78%	35%	34%	35%	34%	36%	35%	34%	28%
YBAA	HQ USA FORSCOM	215,045	26%	98%	68%	99%	87%	97%	52%	99%	81%	39%	39%	40%	36%	38%	36%	31%	25%
YTAA	HQ USA TRADOC CMD	74,119	9%	100%	40%	85%	80%	90%	23%	100%	84%	7%	7%	10%	8%	8%	9%	9%	6%
UIC	UIC Description	Assigned	FMR %	PRG %	MND %	DNA %	DEN %	HIV %	IMM %	LDP %	CPE %	2PG %	1MI %	HAB %	MED %	MWT %	OPR %	OPV %	OPH %
GVAA	ARMY SPEC OP COMMAND	19,112	18%	100%	53%	98%	85%	95%	52%	100%	74%	19%	18%	20%	17%	19%	17%	17%	15%
8TAA	SPACE & MSL DEF CMD	686	11%	100%	58%	98%	64%	78%	28%	99%	76%	19%	19%	17%	16%	16%	20%	18%	14%
8AA	USA E COM AND COMM CON	20	20%	100%	70%	100%	80%	90%	35%	100%	80%	25%	30%	20%	30%	25%	25%	25%	25%
BDAA	US ARMY INSTAL MANG AC	2,389	12%	99%	60%	97%	89%	86%	28%	99%	78%	15%	15%	19%	16%	15%	17%	17%	12%
EDAA	USA HUMAN RESOURCES CO	4,840	4%	100%	27%	93%	69%	90%	16%	100%	88%	8%	7%	10%	8%	8%	8%	11%	6%
FYAA	USA REG CHIEF INF OFC	919	8%	99%	57%	98%	88%	84%	20%	100%	81%	10%	10%	13%	10%	10%	12%	12%	9%
RSTF	--- No Description Found ---	14,635	6%	100%	55%	92%	61%	77%	18%	99%	71%	10%	10%	14%	11%	11%	13%	13%	9%
TMAA	0008HQARMY	29,721	20%	100%	62%	98%	95%	96%	36%	100%	82%	22%	21%	24%	23%	24%	15%	15%	12%
D2AA	0009SCHHC NETCOM ASC	7,919	23%	99%	66%	98%	90%	95%	44%	98%	82%	33%	32%	36%	34%	33%	29%	29%	27%
AGAA	HQ HHC USA SOUTH	512	13%	100%	61%	96%	87%	88%	27%	100%	70%	22%	22%	18%	15%	21%	27%	18%	10%
CRAA	HQ CMD HHC USA PACI	21,801	30%	99%	70%	98%	88%	95%	55%	99%	83%	39%	39%	41%	23%	33%	24%	23%	20%
Totals		1,159,921	15%	99%	57%	92%	59%	82%	25%	99%	81%	22%	22%	27%	24%	25%	21%	20%	17%

Med Readiness, Processing, →

MEDPROS

Updating/Maintaining

- **5 Opportunities:** **IMR/UMR**
 - CPF/Arrival at unit (Otherwise Daily SRPs)
 - Unit quarterly admin reviews (AE 600-8-101)
 - Semi-annual Soldiers Readiness Processing (SRP)
 - Pre-Deployment Processing (PDP)
 - Re-Deployment Processing (RDP) (Unit responsible for non clinical, (mask inserts, med warning tags, etc), medics responsible for clinical (8 USR Reportable Items), (vaccinations, HIV, etc.)
- **Commanders/1SG's: ID Unit POC - Monitor MEDPROS - Ensure your Soldiers get to the medics/dentists**
- **MTF/Clinic Leadership: Monitor MEDPROS daily, Reach out/coordinate with line units, Provide medical readiness services, document in MEDPROS within 24 hours**



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Med Readiness, Processing,

**MEDPROS
USAREUR**

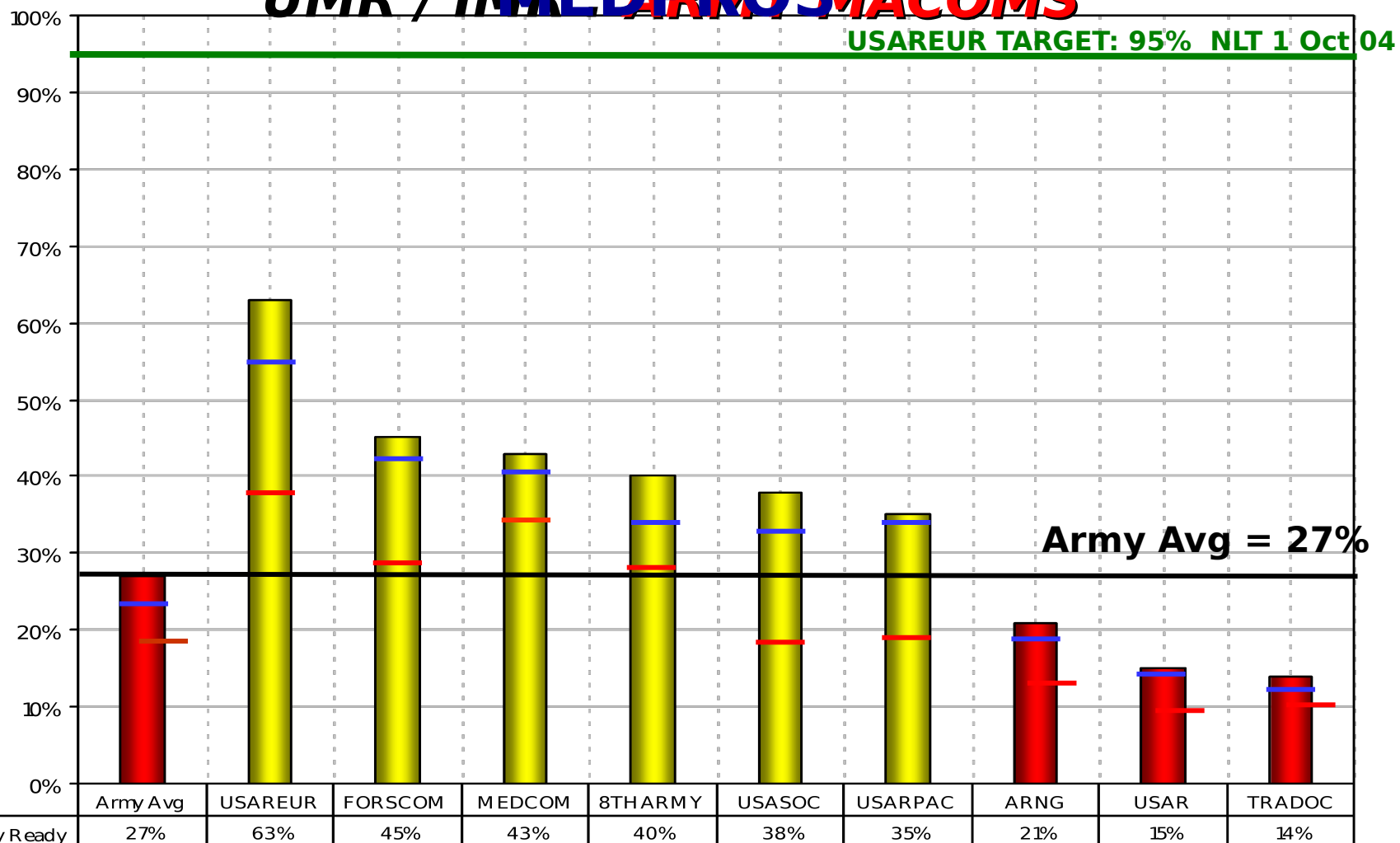
***IMR/UMR &
Anthrax Status
Update***

19 Nov 04

Med Readiness, Processing,

UMR / IMR MEDPROS MACOMS

% Fully Medically Ready * (FMR)



Data Source: MEDPROS as of 17 Nov 04

• Fully Medically Ready = Meets ALL 8 IMR Requirements in MEDPROS for USR Reporting

— = Depicts Data on 18 Oct 04

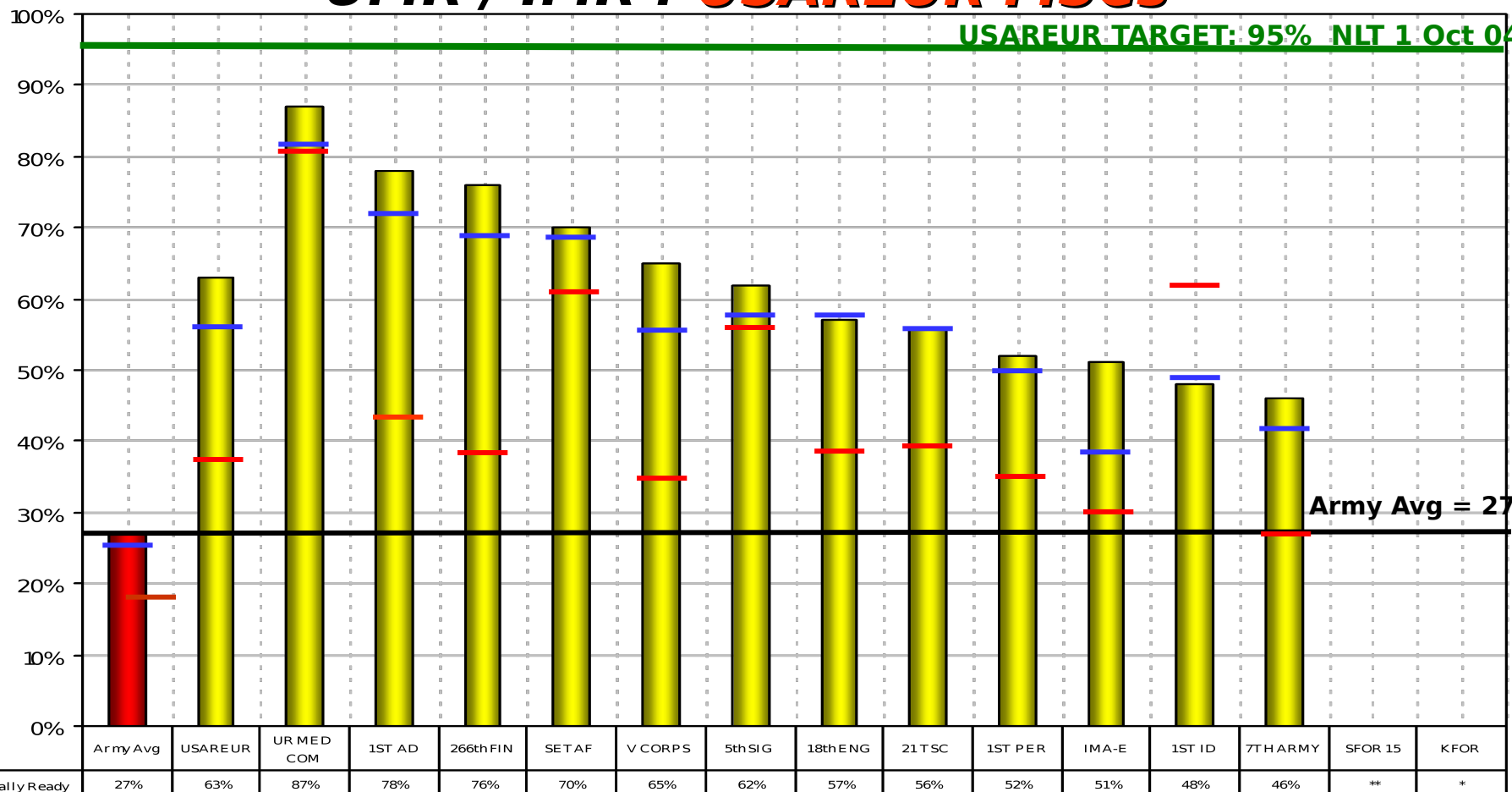
— = Depicts Data on 28 Jun 04

Med Readiness, Processing,

UMR / IMR : MEDPROS

% Fully Medically Ready (FMR)

USAREUR TARGET: 95% NLT 1 Oct 04



Army Avg = 27%

— = Depicts Data on 18 Oct 04

— = Depicts Data on 28 Jun 04

UR Medical Community = ERMC, CHPPM-E, ERDC, USAMMCE, 30th MED

•Fully Medical Ready Data for Task Forces **NOT** Yet Available in MEDPROS

**SFOR in the process of Re-deploying

Data Source: MEDPROS as of 17 Nov 04

Med Readiness, Processing,

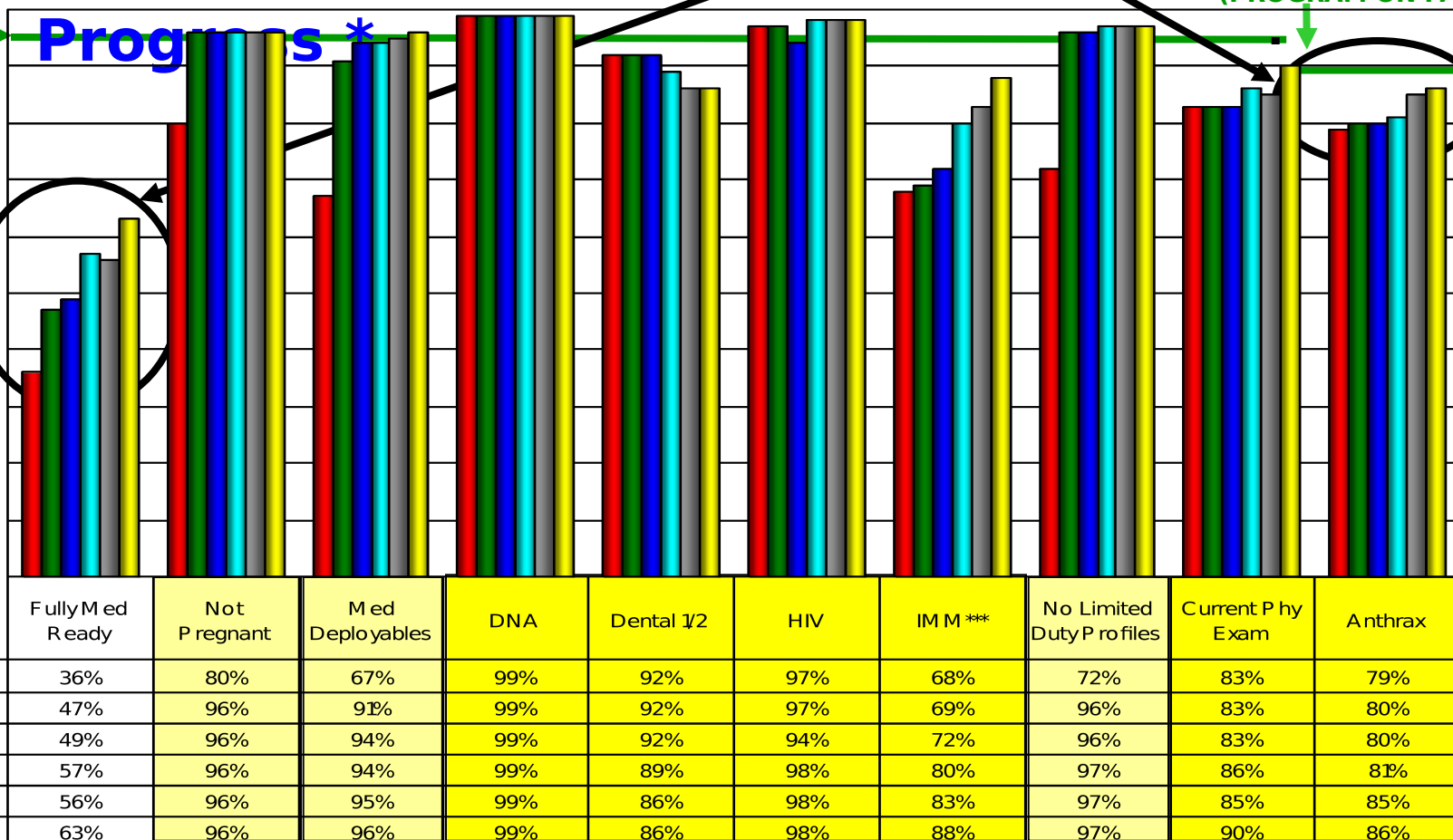
UMR / IMR : USAREUR Note

Programs *

Target:
95% FMR
NLT 1 Oct 04

PERCENT COMPLIANT

90% Anthrax Target
(PROGRAM ON PAUSE)



Data Source is MEDPROS as of 17 Nov 04

CDR's should focus on Area's in Dark Yellow. Ensure all blanks "B's" are filled in, otherwise

**** Fully Medically Ready = Meets ALL Eight IMR Requirements in MEDPROS for USR Reporting**

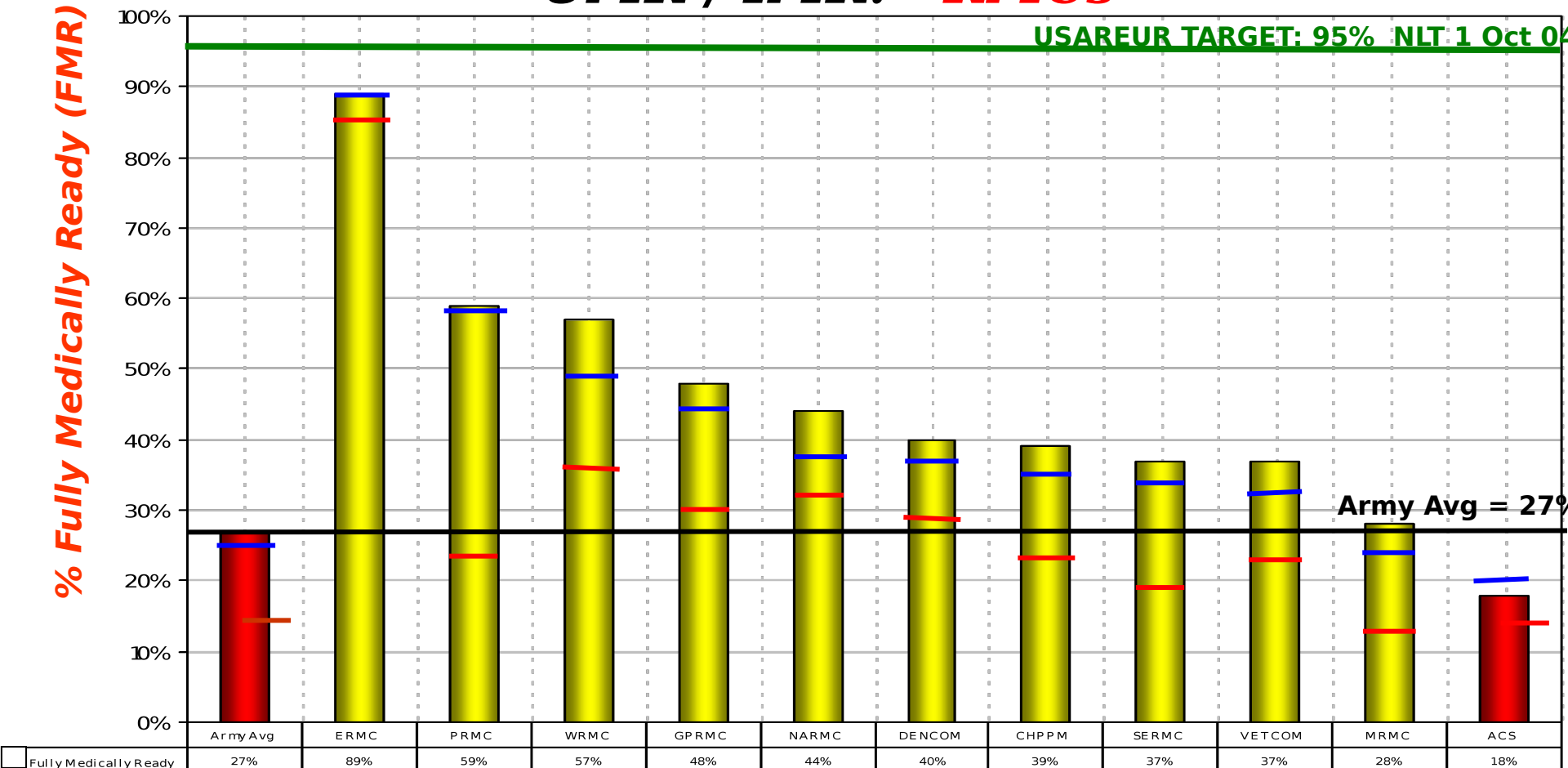
***** As of 26 Aug 04, IMM only includes Hep A, Tetanus, & Diphtheria. On/about 1 Dec 04, Anthrax will be part of IMM (Routine who ever started any Anthrax shots.**

Med Readiness, Processing,

UMR / FMR: MEDPROS RMCs

% Fully Medically Ready (FMR)

USAREUR TARGET: 95% NLT 1 Oct 04



30th MED conducted MEDCOM Beta test of FMR exemption codes from 19 Oct 04 through 2 Nov 04. The KIA, MIA, POWs, AWOLs, PCS, ETS, Separation, and Retirement. Intent is to apply codes to USAREUR and

Data Source: MEDPROS as of 19 Nov 04

— = Depicts Data on 28 Jun 04

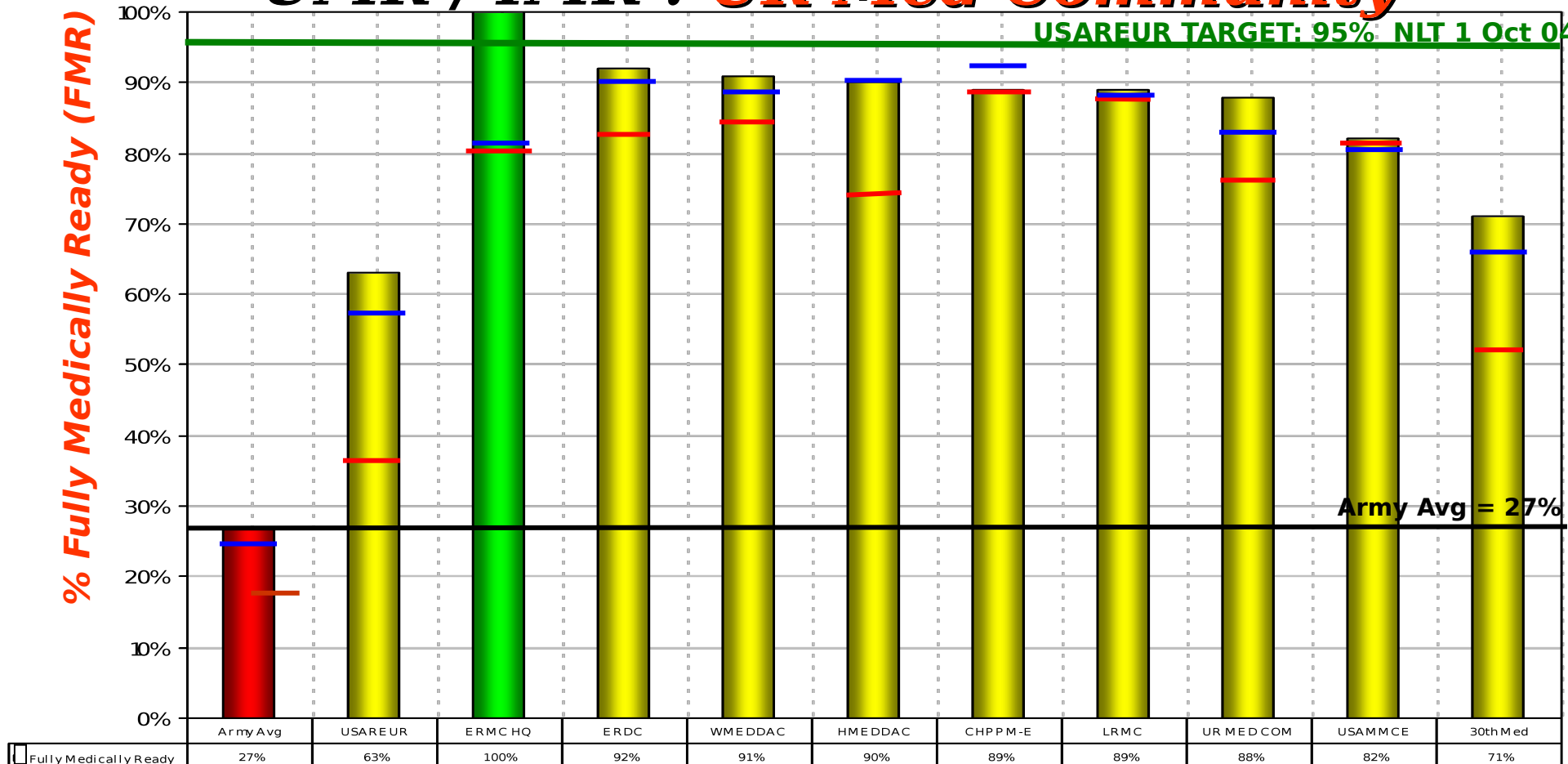
— = Depicts Data on 19 Oct 04

Med Readiness, Processing, →

UMR / IMR : MEDPROS *UR Med Community*

% Fully Medically Ready (FMR)

USAREUR TARGET: 95% NLT 1 Oct 04



Army Avg = 27%

* Fully Medical Ready Data for Task Forces **NOT** Yet Available in MEDPROS Data Source: MEDPROS as of 19 Nov 04

UR Medical Community = ERMCHQ, CHPPM-E, ERDC, USAMMCE,

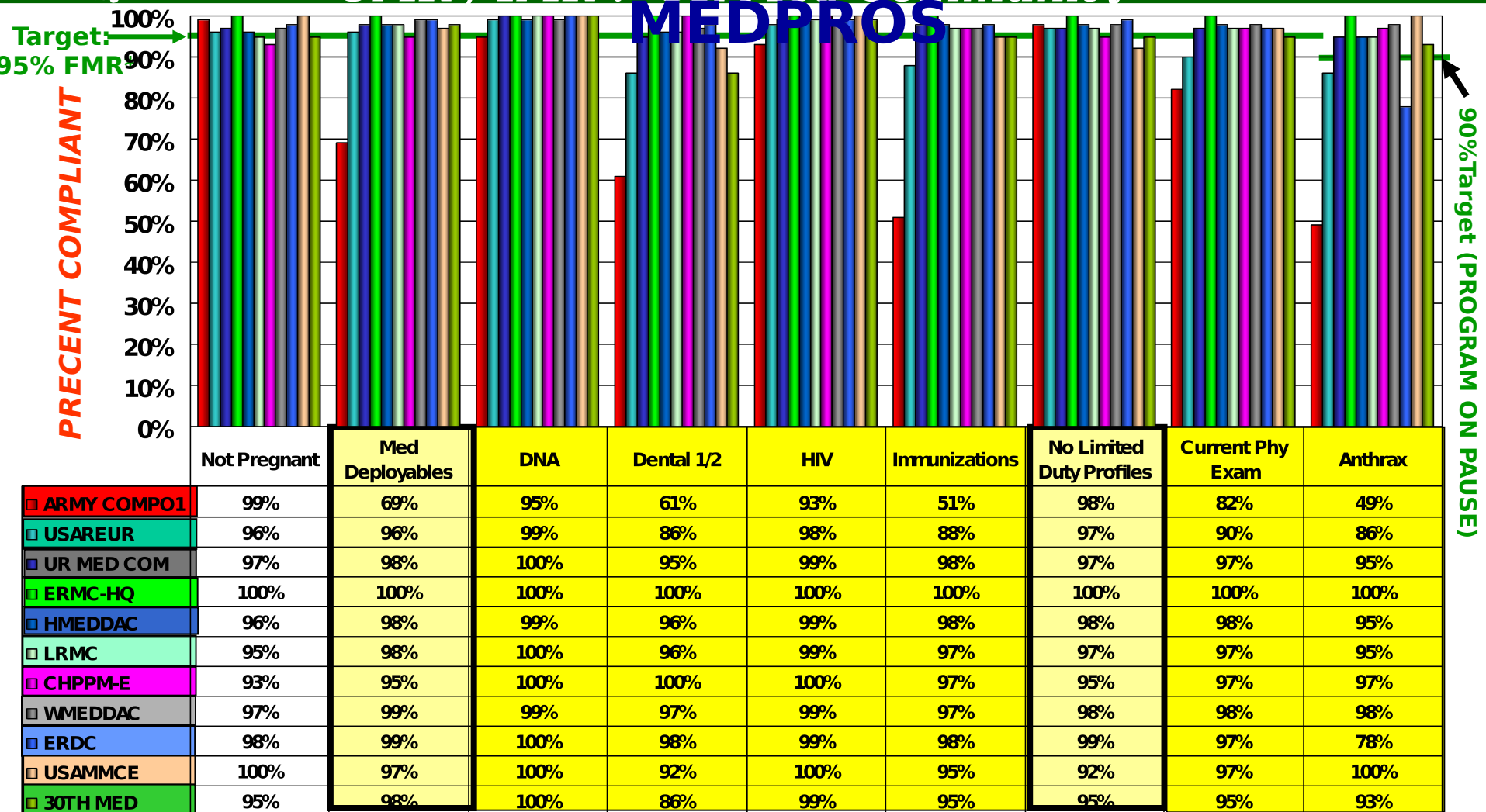
— = Depicts Data on 28 Jun 04

— = Depicts Data on 19 Oct 04

30th MED

30th MED conducted MEDCOM Beta test of FMR exemption codes from 19 Oct 04 through 2 Nov 04. The codes are AWOLs, PCS, ETS, Separation, and Retirement. Intent is to apply codes to USAREUR and Army wide.

Med Readiness, Processing, UMR / IMR : UR Med Community** MEDPROS



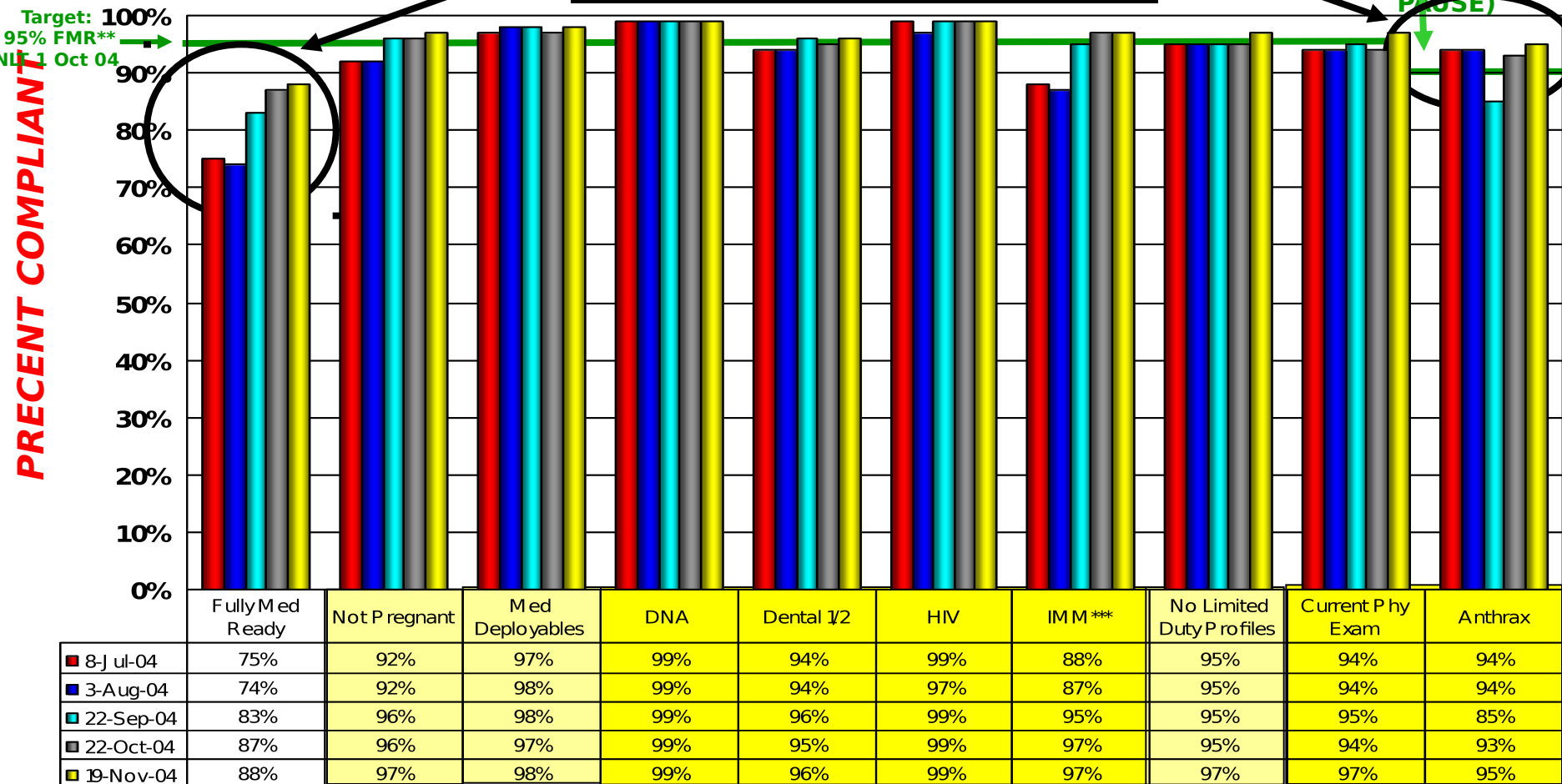
Anthrax Program put on PAUSE effective 27 Oct 04 due to court injunction. NO SHOTS to be given until 18 Nov 04

* Fully Medically Ready = Meets ALL 8 IMR Requirements in MEDPROS for USR Reporting
Fill in Blanks "B", in MEDPROS...They count against You. ** =UR Medical Community = ERM, CHPPM-E, ERDC, USAMMCE, 30TH MED

Med Readiness, Processing, UMR / IMR : UK MED COMM MEDPROS

Note Progress *

90% Anthrax Target
(PROGRAM ON
PAUSE)



Anthrax Program put on PAUSE effective 27 Oct 04 due to court injunction. NO SHOTS to be given until 1 Nov 04

** Fully Medically Ready = Meets ALL Eight IMR Requirements in MEDPROS for USR Reporting (Anthrax added to charts, will be added to charts when program is over for those who ever received a Anthrax shot)

Data Source is MEDPROS as of 19 Nov 04

Med Readiness, Processing, **MEDPROS** Before & After



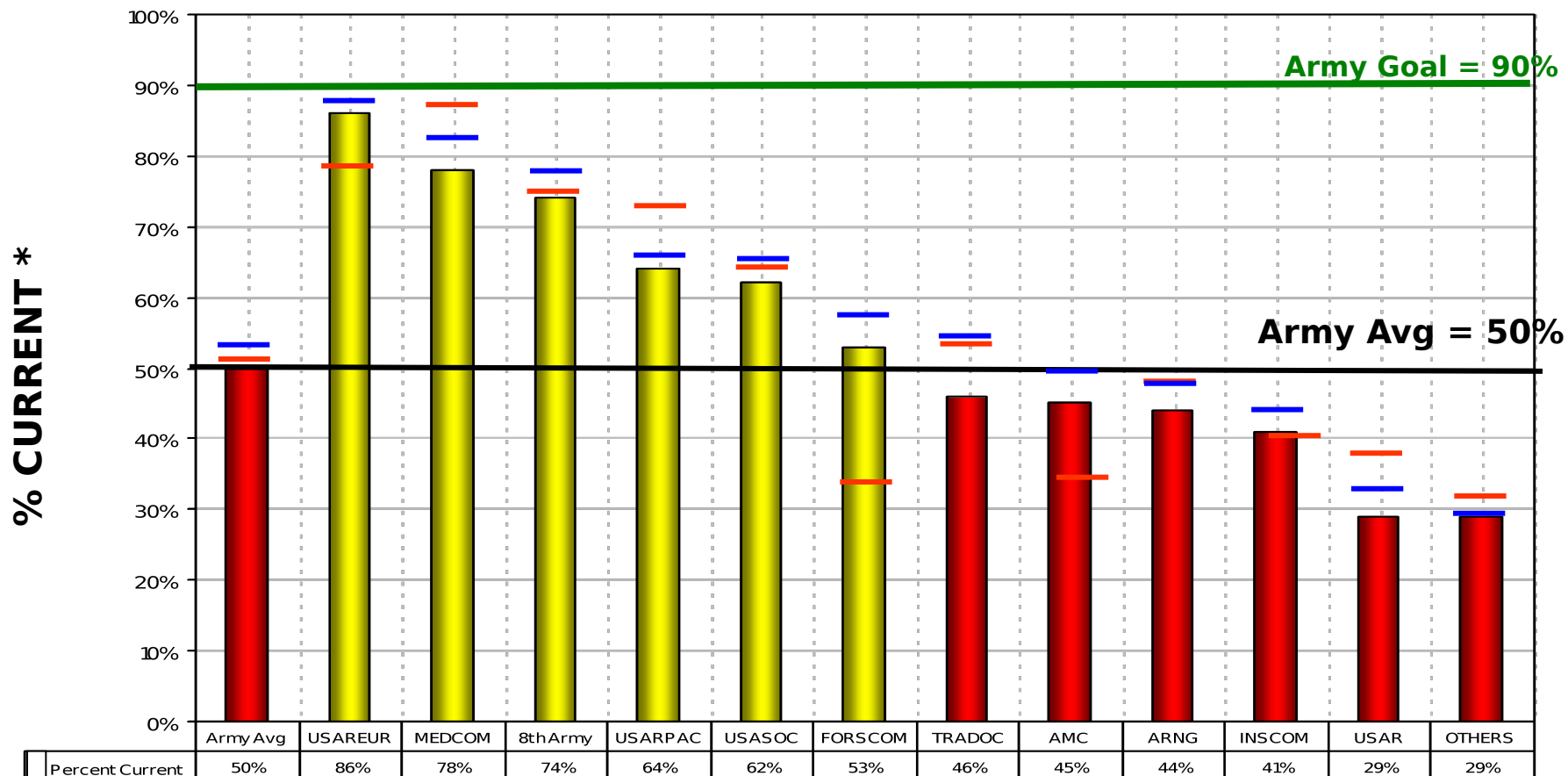
Treatment included root canals, fillings, and a temporary partial denture --taking in excess of 20 hours of treatment time

Med Readiness, Processing,

MEDPROS

ANTHRAX IMM** STATUS

ARMY MACOMS



Anthrax Program put on PAUSE effective 27 Oct 04 due to court injunction. NO SHOTS to be given until 1

*** CURRENT = not overdue next shot more than 30 days**

Data Source: MEDPROS as of 17 Nov 04

**** = Includes Soldiers who ever had a vaccina**

— = Depicts Data on 29 Oct 04, Post Sep 02

— = Depicts Data on 28 Jun 04, Post Sep 02

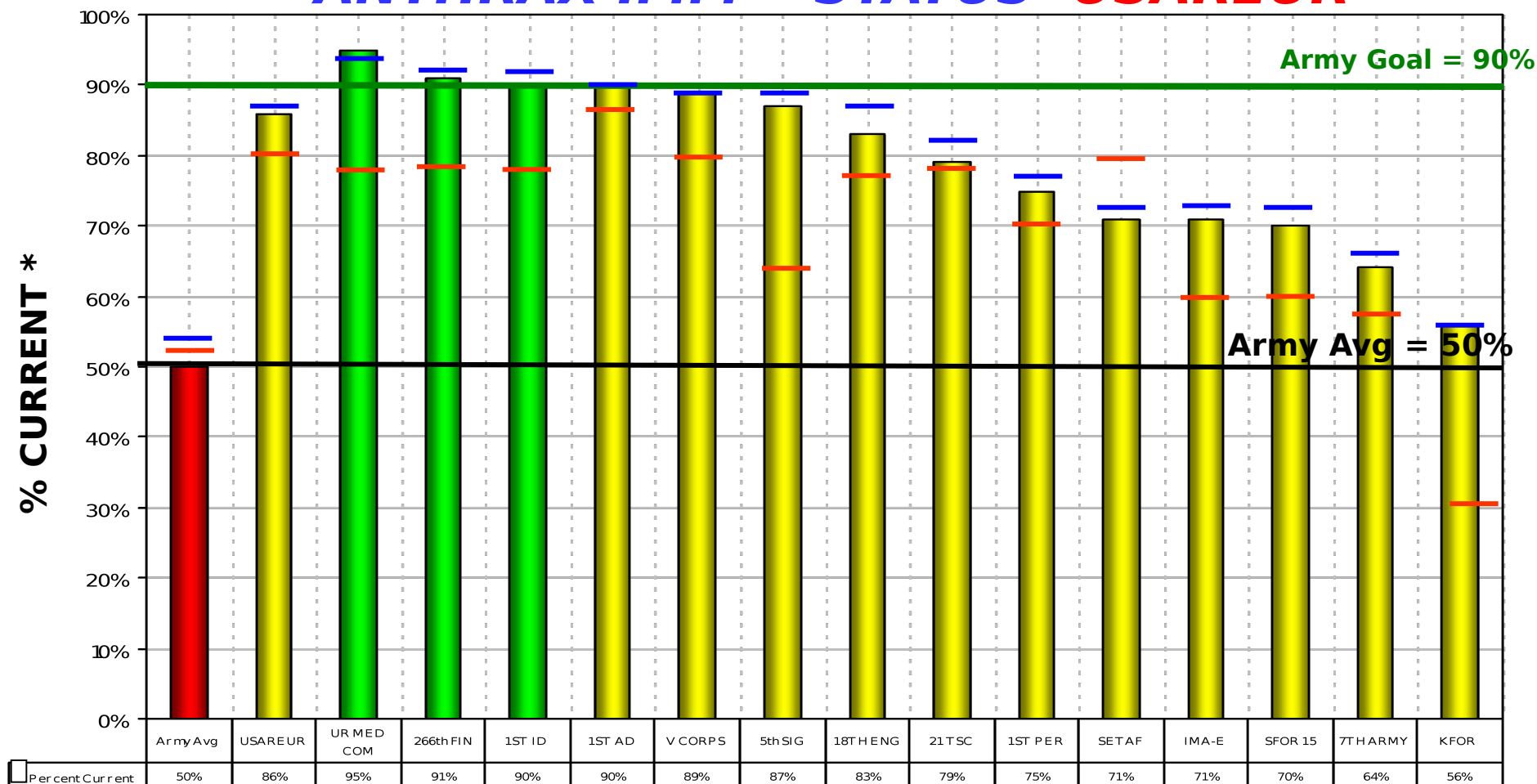


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Med Readiness, Processing,

ANTHRAX MEDPROS STATUS USAREUR



Anthrax Program put on PAUSE effective 27 Oct 04 due to court injunction. NO SHOTS to be given until 1

* CURRENT = not overdue next shot more than 30 days

** = Includes Soldiers who ever had a vaccination

Blue line = Depicts Data on 29 Oct 04, Post Sep 02 st

Red line = Depicts Data on 28 Jun 04, Post Sep 02 st

Data Source: MEDPROS as of 17 Nov 04

29 Nov 04

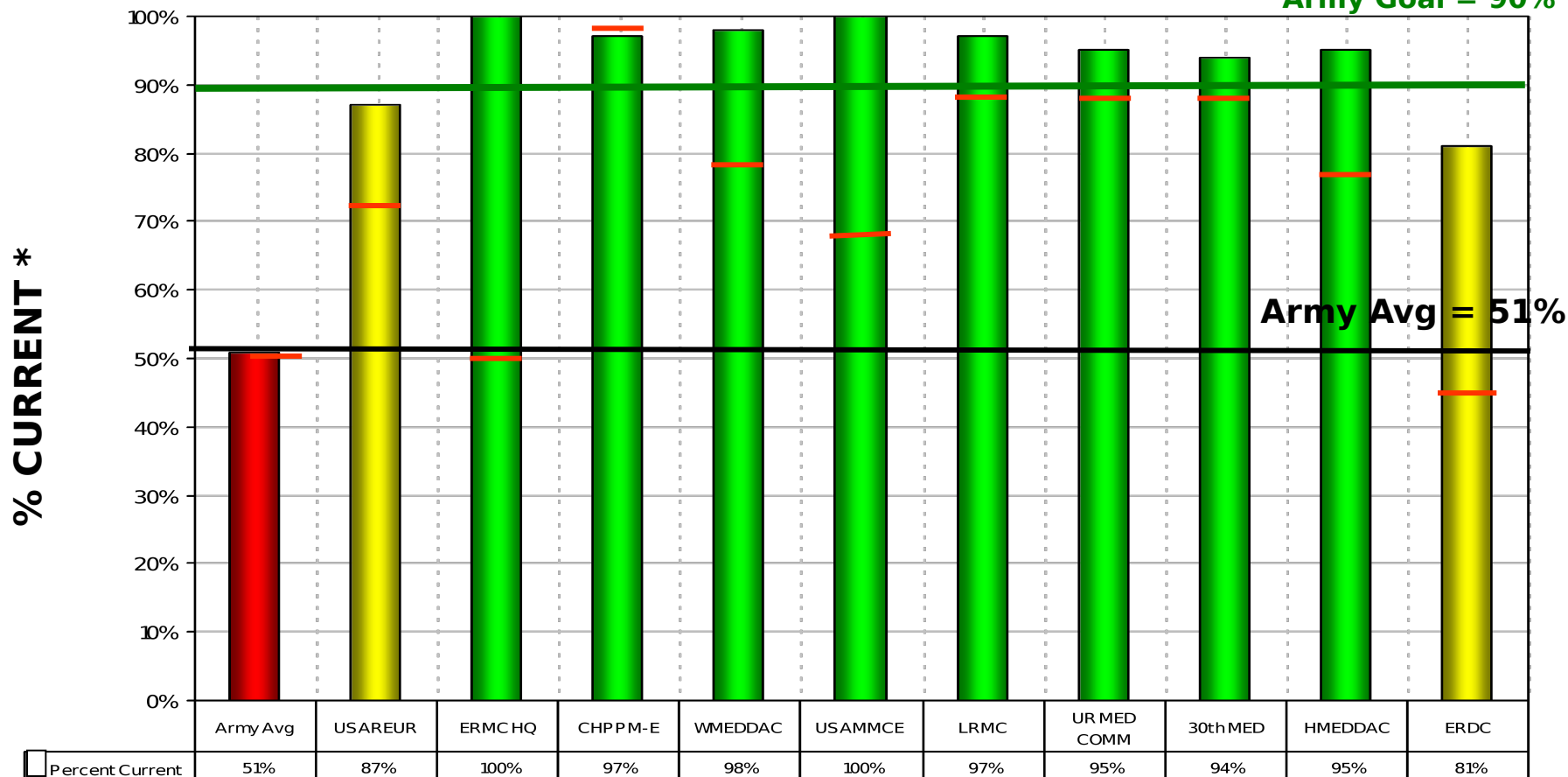
22

Med Readiness, Processing,

MEDPROS

ANTHRAX IMM: UR Med Comm

Army Goal = 90%



Anthrax Program put on PAUSE effective 27 Oct 04 due to court injunction. NO SHOTS to be given until 1

An additional 135 individuals are overdue since the last report due to program pause

*** CURRENT = not overdue next shot more than 30 days Includes Soldiers who ever had a vaccination since**

Data Source: MEDPROS as of 12 Nov 04

— = Depicts Data on 7 Sep 04, Post Sep 02

Med Readiness, Processing, MEDPROS

Medical Processing

- **Deployments:**
 - Coordinate in advance with supporting MTF/clinic
 - CDRS must ensure every Soldier completes medical processing prior to deployment. Includes:
 - 100% FMR (8 USR Items), 9 Non-USR, G6-PD, Anthrax and HEP B (As applicable)
 - Pre Deployment Health Assessment Form DD Form 2795 - (Electronic submission only)
 - TB Skin test (With 24-48 Read)
 - HIV test
 - Medical threat briefing with handouts/Trifolds
 - Immunizations needed for AO - coordinate in advance with supporting MTF/clinic (may need to continue down range)
 - Take only Medical Deployment Folder DD 2766 down range - permanent med records stay at home station
 - Need Internet connectivity at each CPF/SRP/PDP/RDP site

Med Readiness, Processing, MEDPROS

Medical Processing

- **Redeployments:**

- Coordinate in advance with supporting MTF/clinic
- CDRS must ensure every Soldier completes medical processing prior to block/individual leave. Includes:
 - 100% FMR (8 USR Items), 9 Non-USR, G6-PD, Anthrax and HEP B (As applicable). Dental and CFE after block leave.
 - Post Deployment Health Assessment Form DD Form 2796 (If deployed for 30 or more continuous days) (Electronic Sub Only)
 - Initial and 3-6 month TB skin test with 48-72 hour read/medical documentation in MEDPROS
 - Blood draw for serum repository and G6-PD draw if needed
 - Medical threat brief - may have been done downrange
 - Ensure Soldiers with medical/dental referrals schedule and report for appointments/treatment
 - 90-120 day post deployment behavioral health screening (With Follow-up TB Skin test)
 - Get medical readiness back to 95% FMR upon return from block leave
 - Need Internet connectivity at each SRP/PDP/RDP site

Med Readiness, Processing,

MEDPROS Database Population/Equipment

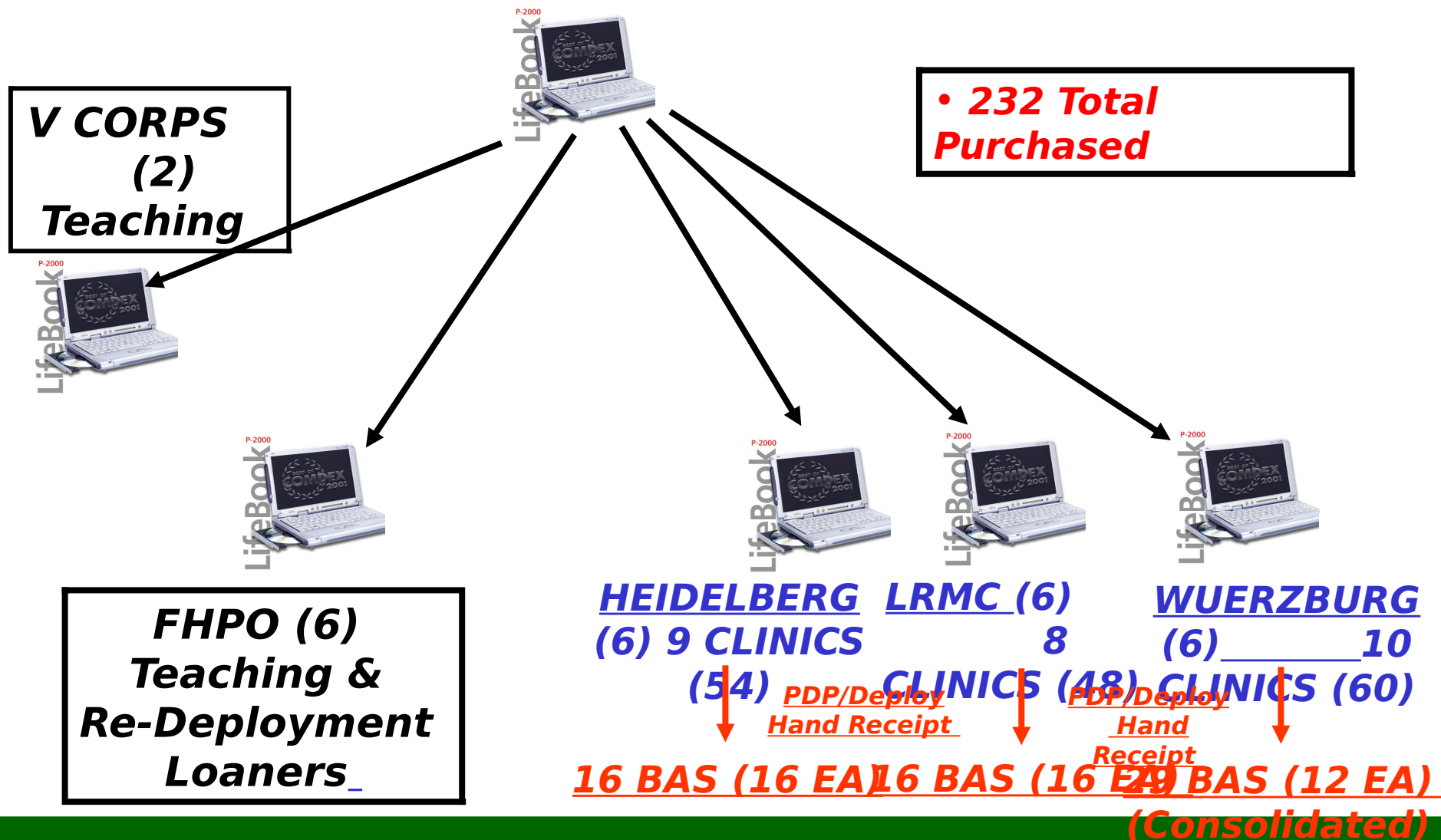
INITIATIVE:

- Recognized early need to populate MEDPROS Database, and obtain automation equipment for MEDPROS Database sustainment
- Executed an aggressive campaign plan to inform and get USAREUR Leadership support and involvement
- Requested and obtained \$1.5M from USAREUR COS for project
- Condensed 3 year population project to 4 months - prep for Iraq
- Hired over 100 personnel from a local German Manpower Agency
- Obtained manpower assistance from 7th ARCOM MSU (Germany) and 7236th MSU (Ft Bragg), ASMR, and Logistics Health Incorporated (LHI) (LaCrosse WI)
- Purchased automation equipment: 232 Z-PAQ's and Tablet PC's, various signature pads, printers and hubs/switches to distribute to our 3 MTF for use for the 27 clinics in their footprints
- Conducted simultaneously with the influenza vaccination program

RESULTS:

- Populated over 503K immunizations from over 56K medical records
- Allowed 1st AD/other USAREUR units to PDP quickly and accurately for Iraq
- Provided automation equipment/tools to sustain MEDPROS Database

Med Readiness, Processing, MEDPROS FHPO PC Distribution Plan



Med Readiness, Processing,

MEDPROS

Missing DD 2795/96 (Pre/Post) Recovery Plan

- **INITIATIVE:**

- USAREUR first MACOM to go all "Electronic" for PPDHA Processing, 1 Mar 04
- Replaced 3rd PERSCOM with 1st PERSCOM roster effective mid Mar 04
- 1st PERSCOM rosters sent to AMSA for check of valid 2795/6's on file
- Taskers to MTF's to find "Forms not on file at AMSA"
- 11 Mar 04, ERMIC issues policy that returning soldiers MUST HAVE COMPLETED DD 2796 IN RIDES Website application to assure data capture and reduce hunt for "Missing" forms - paper/MPDA forms not accepted for AMSA
- When a "missing MPDA" form is identified, a new RIDES form is created

- **RESULTS:**

- DD 2795 capture rate of >88% for all deployments - 1st ID all done electronically, probably 1st Division in Army to do so
- DD 2796 capture rate of 91% for redeployed since Jan 04, includes combination of paper, MPDA, and RIDES Website application

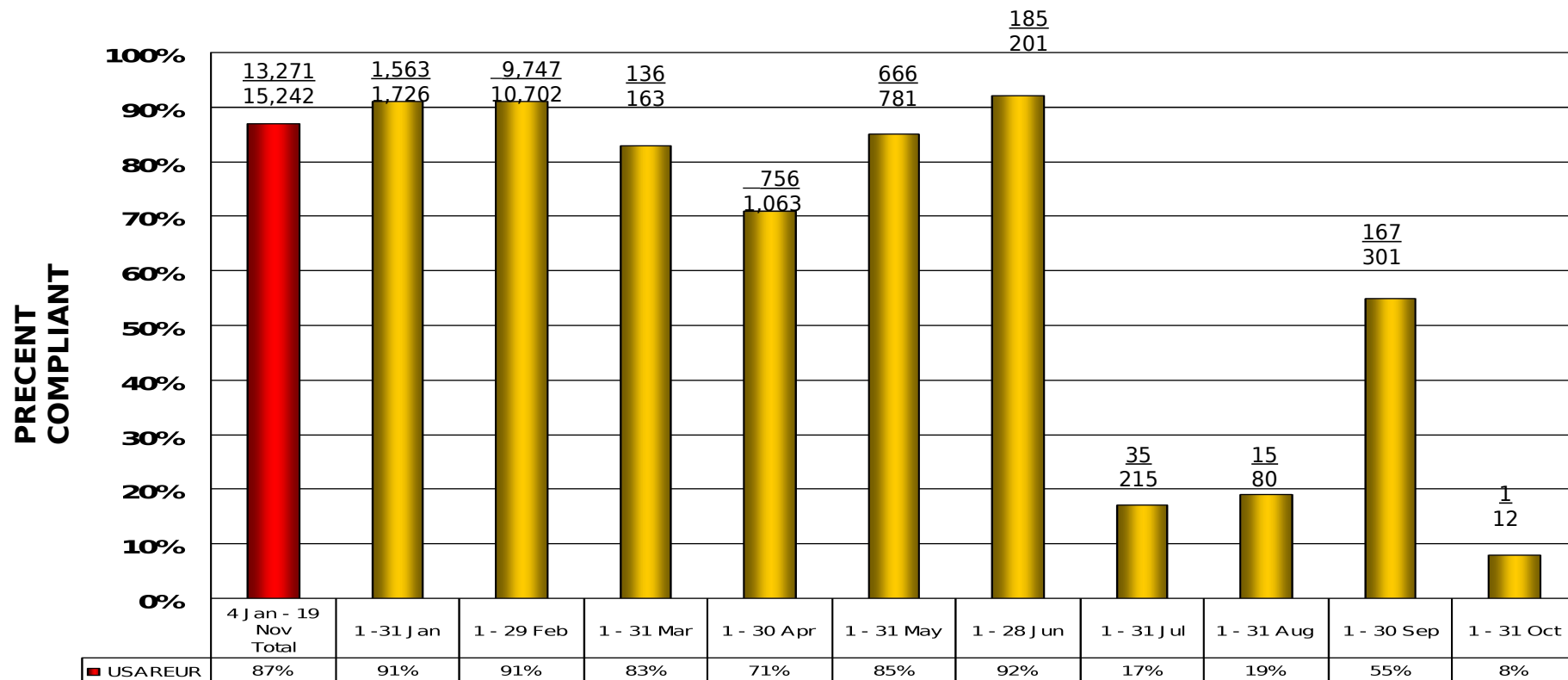
- **NOTE:**

- Latency of MPDA generated forms data into AMSA may cause some of "missing" forms - CENTCOM Surgeon now directing daily MPDA uploads
- Many enhancements to MEDPROS and RIDES software will improve capture rates of forms data

Med Readiness, Processing,

MEDPROS

MCEU-OSURG USAREUR DD2795 ON FILE AT AMSA DEPLOYMENTS CY 04 STATUS



Data Source is 1st PERSCOM roster of Deployed AD USAREUR soldiers with DD2795 on file at AMSA as

ANALYSIS:

- All forms currently on file is a result of extensive tracking using an updated 1st PERSCOM roster, and command leadership
- USAREUR one of the leading MACOMs to monitor the DD2795 process and achieve positive results
- July's 17% due to over 30 units from 11 different

locations for >60 day deployment to Bulgaria not being captured

HOW WE CAN HELP:

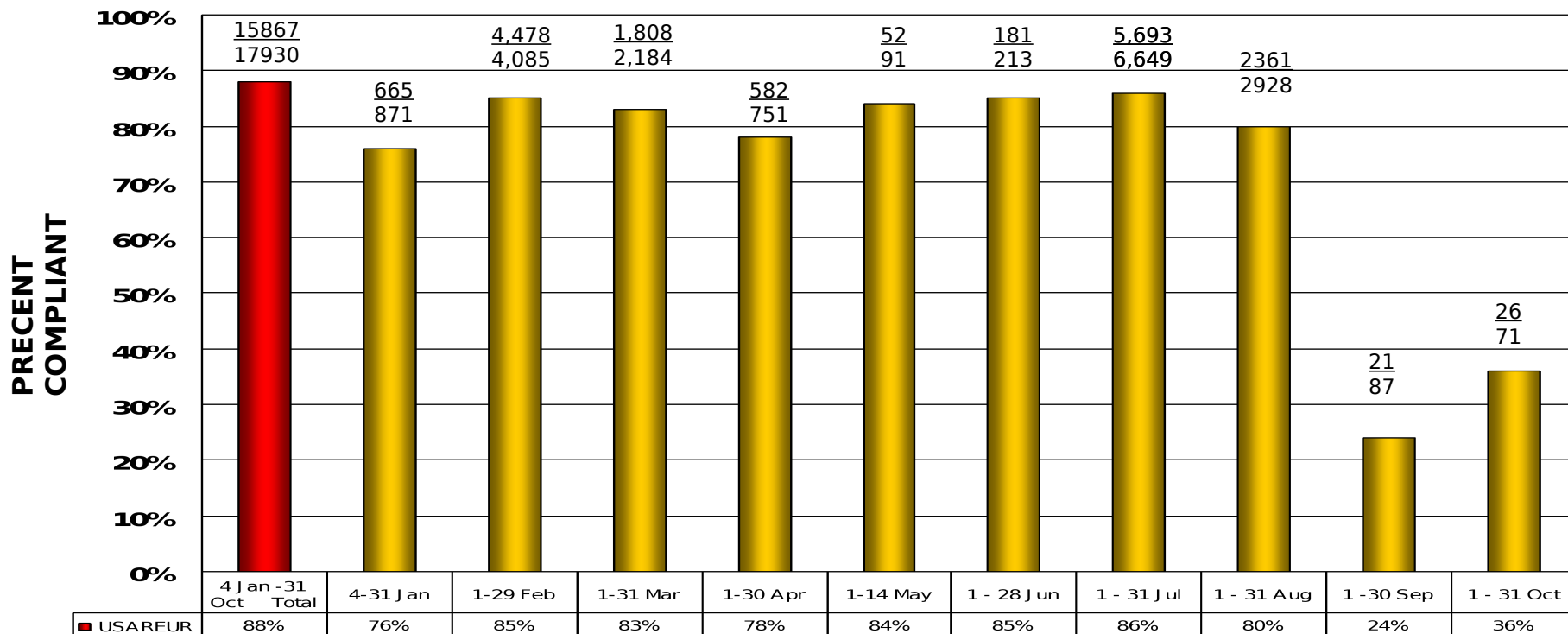
- Continued Command emphasis
- Continued interface/teamwork between line units and supporting MTF

Med Readiness, Processing, MEDPROS

MCEU-OSURG USAREUR

REDEPLOYMENTS CY 04 DD2796 ON FILE AT AMSA

STATUS



Data Source is 1st PERSCOM roster of Redeployed AD USAREUR soldiers with DD2796 on file at AMSA

ANALYSIS:

- USAREUR tracking all paper and electronic DD2796s submitted to AMSA
- 1st PERSCOM roster and MEDPROS used to track all forms
- USAREUR one of the leading MACOMs to monitor the DD2796 process and achieve positive results, over

14,844 post deployment forms submitted downrange and on file at AMSA

HOW WE CAN HELP:

- Continued Command emphasis
- Continued interface/teamwork between line units and MTF's

Med Readiness, Processing,

MEDPROS

- MEDPROS is the Army data base desktop tool you use to track your unit medical readiness.
- Get your MEDPROS Login/Password (See next 2 slides)
- Get: GEN Bell Policy Letter 32, HQ USAREUR Message # 0408162 (DMS Implementing Instructions), and V CORPS MEDPROS Guide For Leaders (1 Sep 04) @:
<http://www.healthcare.hqusareur.army.mil> (Force Health Protection)
- Monitor your unit medical readiness status daily... Update your non-USR items in MEDPROS quarterly
- Get your Soldiers to your supporting medics/dentists to update the 8 USR items in MEDPROS...Be PROACTIVE
- MTF/Clinic Leadership: Monitor MEDPROS daily, Reach out/coordinate with line units, Provide medical readiness services, document in MEDPROS within 24 hours

Med Readiness, Processing,

MEDPROS

How to Obtain **READ ONLY** MEDPROS PASSWORD

- Go to this website: WWW.MODS.ARMY.MIL
- Select the (blue) MEDPROS button, select MEDPROS CONUS from the pop-up menu
- Select ACCESS TO MEDPROS button on the bottom of the panel
- Complete the on-line application (Red Text Items are required). Check ALL the report types available on Select Modules. Submit. Print the online application after it has been accepted so you can remember your access code. Your access code is your password for the first time you access MEDPROS.
- You should receive an email with your MEDPROS access in 48 hrs, if not contact the Force Health Protection Office at the Europe Regional Medical Command 371-2940/2737/3179/3349.

Med Readiness, Processing,

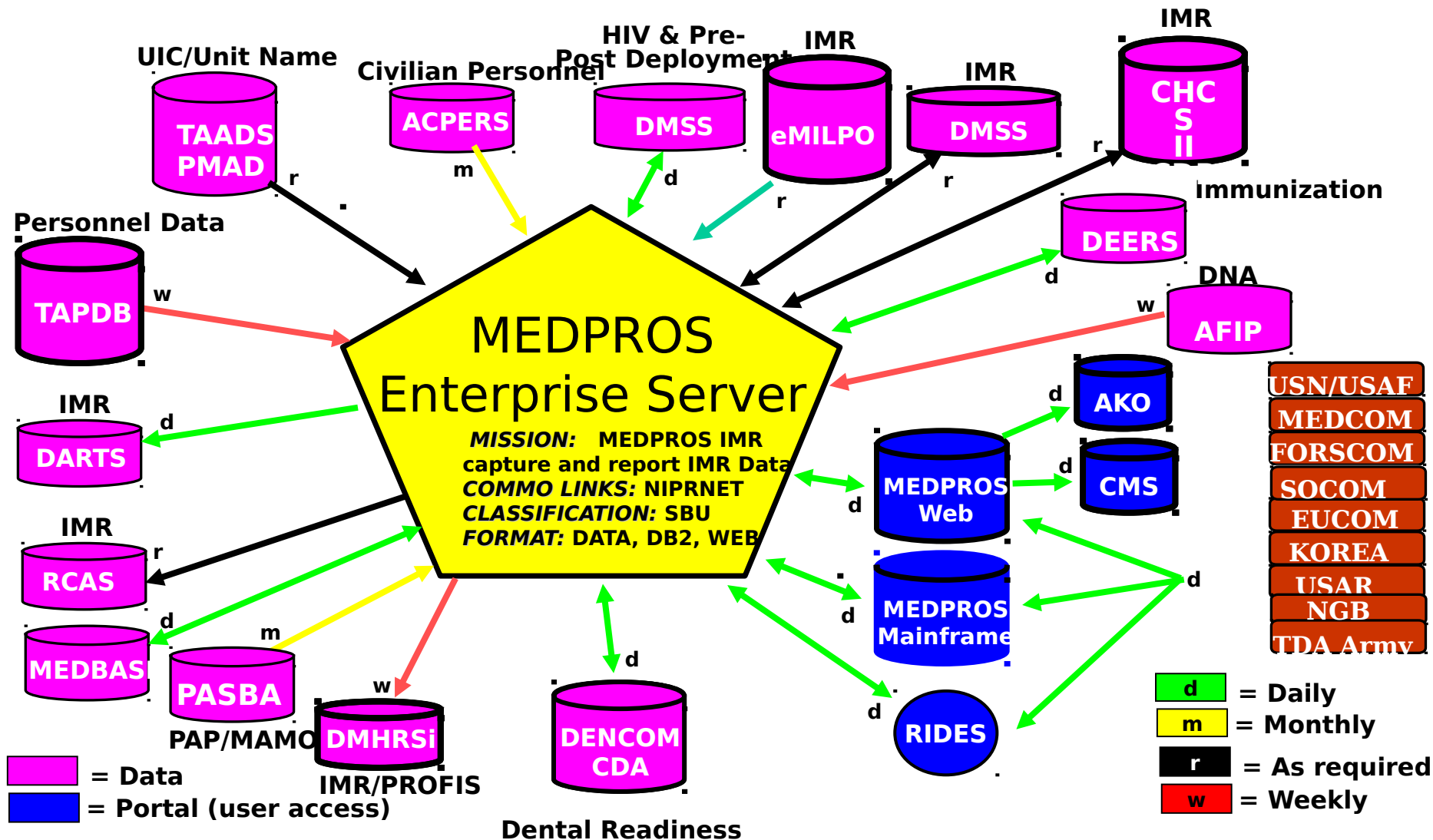
MEDPROS

How to Obtain **WRITE ONLY** MEDPROS Password:

- Go to this website: WW.MODS.ARMY.MIL
- Select the (blue) MEDPROS button, select MEDPROS CONUS from the pop-up menu
- Select ACCESS TO MODS button
- Complete the on-line application Part A, and Part C 2 and 3, (Font size 12 or larger).
- Print, then sign and date Part B of the hard copy.
- Have hard copy Part C completed by your security manager, and signed by your commander. (Keep a copy of the form).
- Individual/Security Manager/Commander faxes the completed form to Force Health Protection Office (FHPO) at the Europe Regional Medical Command FAX 371-3315. **Person requesting MEDPROS access is responsible to ensure signed and completed form is faxed to FHPO.** For assistance call FHPO at 371-2940/2737/3179/3349.
- **Individuals requiring READ and WRITE access must fill out separate READ and separate WRITE requests.**

Med Readiness, Processing, MEDPROS

SYSTEMS THAT INTERFACE MEDPROS



Med Readiness, Processing, MEDPROS

How to Execute VCSA/TSG Gen Bell Policy 32

- **Line units:** Coordination with your respective supporting MTF/clinic. ID unit POC- Monitor your unit IMR/UMR, and anthrax in MEDPROS... **Be Proactive!** Get your Soldiers to your supporting MTF/clinic to get IMR/UMR and anthrax current!
- **MTF/Clinic Leadership:** Monitor MEDPROS daily for your footprint, Reach out/coordinate with line units, Provide medical readiness services, document in MEDPROS within 24 hours... **Be Proactive!**

Med Readiness, Processing,

Critical Points to

Remember:

- The command is responsible for medical readiness, including Anthrax vaccinations (Program currently on pause) , Pre/Post Deployment Processing, IMR/UMR, and ensuring posting in MEDPROS - Get your MEDPROS “read” access now
- Medical readiness fully endorsed/high priority by VCSA, GEN Bell, LTG Ward, USAREUR Surgeon and USAREUR Leadership...they are provided monthly status for all USAREUR units
- Work closely with your line units...supporting MTF/ clinic to ensure unit medical readiness/processing before and during deployments/redeployments
- MTF/Clinic Leadership: Monitor MEDPROS daily for your footprint, Reach out/coordinate with line units, Provide medical readiness services, document in MEDPROS within 24 hours

Med Readiness, Processing, MEDPROS

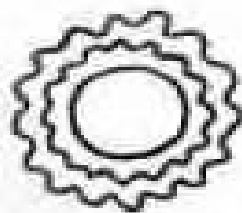
Command Emphasis:

- Ensure key leaders have “Read” capability, and Units have “Write” capability in MEDPROS
- ID unit POC - Monitoring/updating your units IMR/UMR status in MEDPROS
- Daily coordination between MTF’s/clinics, to ensure coordinated support for all USAREUR Soldiers during CPF/SRP/PDP/RDPs
- Ensuring adequate Internet Drops for Medical Personnel at each SRP/PDP/RDP sites
- **MTF/Clinic Leadership: Monitor MEDPROS daily for your footprint, Reach out/coordinate with line units, Provide medical readiness services, document in MEDPROS within 24 hours**

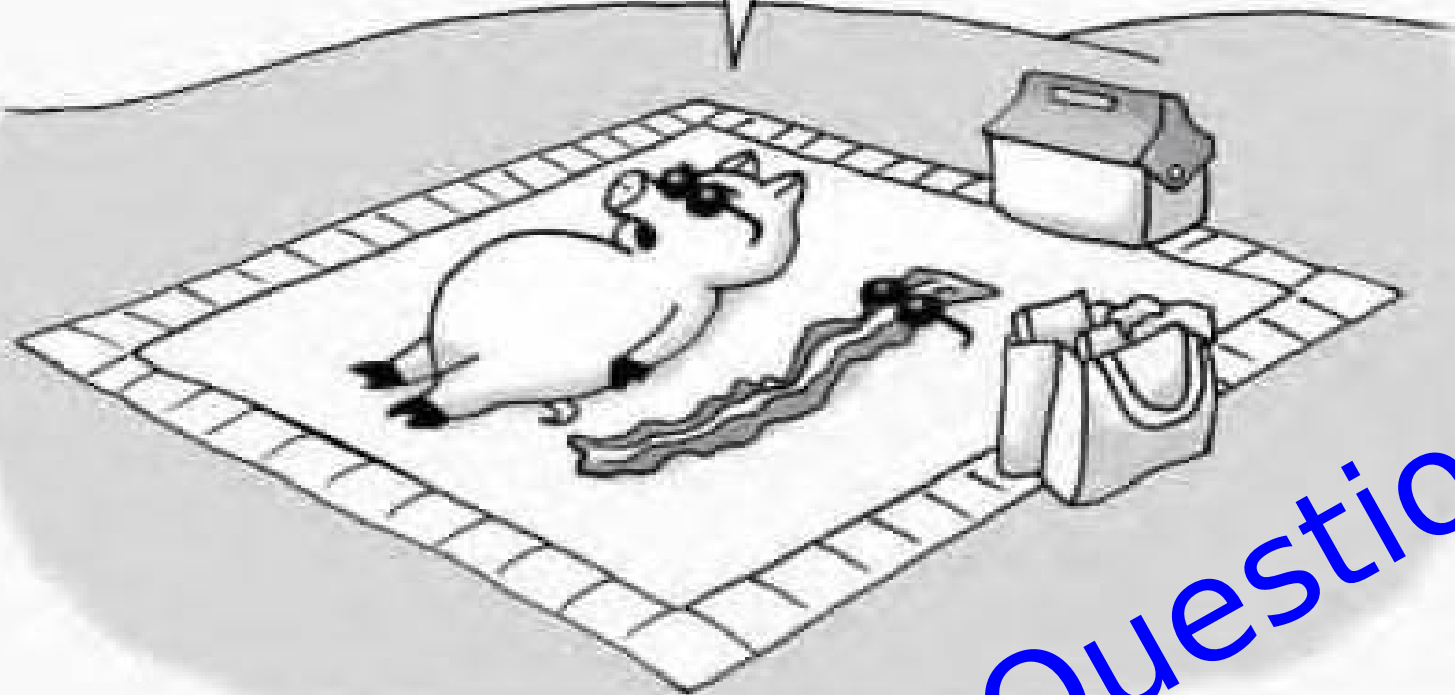
Med Readiness, Processing, MEDPROS

***Thank you for your Leadership and
taking care of the Expeditionary
Soldiers and “Human Weapons
Systems” of USAREUR***

Med Readiness, Processing, MEDPROS



MAYBE NEXT TIME YOU'LL
TRY A LITTLE SUNSCREEN...



Questions

?

Med Readiness, Processing,

MEDPROS

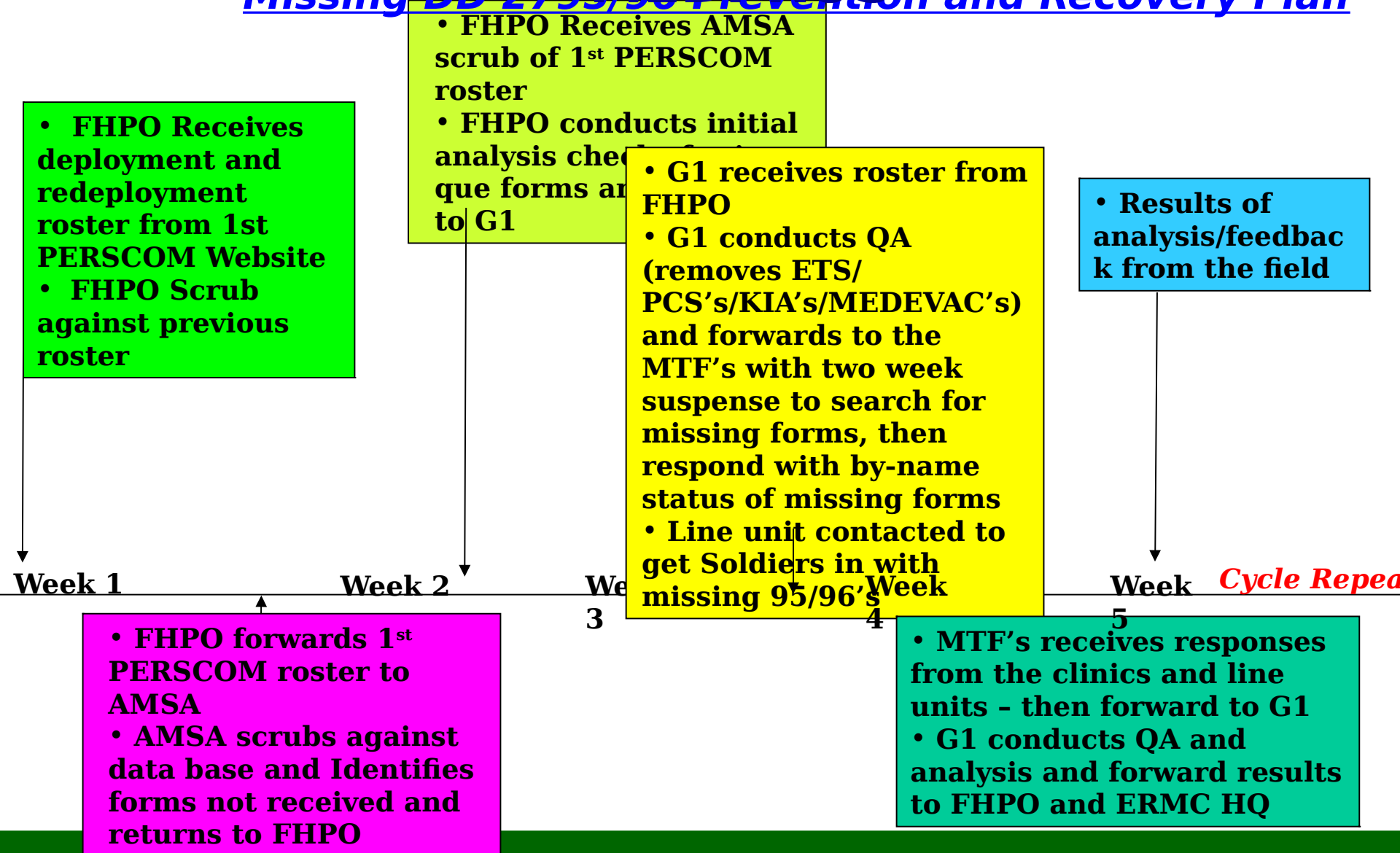
Deployment/Redeployment Readiness

- Utilize the 1st PERSCOM roster to retrieve data on all USAREUR deploying and re-deploying Soldiers.
- 1st PERSCOM roster is sent to AMSA to check on valid 2795/96's on file.
- Currently working with the TPFDD and monitor the deploying unit's FMR and the 9 non-USR items, G6PD, Hepatitis B, and Anthrax vaccinations, which is currently on pause.

Med Readiness, Processing,

MEDPROS

Missing DD 2795/96 Prevention and Recovery Plan



MILVAX - Medical Readiness

Anthrax Vaccine Immunization Program

- ***On 27 Oct 04, the United States District Court for the District of Columbia issued an injunction against the current operation of the Anthrax Vaccine Immunization Program (AVIP)***
- ***The injunction from the Court was based on the FDA failure to solicit additional public comment before concluding the anthrax vaccine was Safe and effective for use against inhalation anthrax***
- ***The anthrax program is placed on PAUSE until the DoD, FDA, and the Justice Department clarify these legal issues***

• ***All anthrax shots are placed on hold until further DoD***

MILVAX - Medical Readiness

Influenza Vaccination Program

Due to a vaccine supply shortage, only the following priorities will receive the influenza vaccination this CY 04/05 all other individuals will not receive the vaccination this CY 04/05;

- **Operation Forces deployed or deploying to the CENTCOM AOR
In support of OIF/OEF, Korea, SFOR, and KFOR**
- **Medically High-Risk Individuals as defined by the Centers for Disease Control & Prevention (CDC)**
 - **all children 6 to 23 months**
 - **all adults 65 and older**
 - **persons 2 to 64 years with underlying chronic medical conditions**
 - **all women who will be pregnant during influenza season**
 - **children 6 months to 18 years on chronic aspirin therapy**
 - **out of home caregivers and household contacts of infants less than 6 months old**
 - **Healthcare Workers**

MILVAX - Medical Readiness

Influenza Vaccination Program

- ***Forces due to deploy and those already deployed (SFOR & KFOR) have already received their vaccination supply and are administering vaccinations***
- ***Medical Treatment Facility Commanders have identified individuals considered 'High-Risk' in their footprint and will receive vaccine shipments in November to begin vaccinations***
- ***USAMMCE is schedule to receive 51,314 doses of influenza to vaccinate all priorities, 23,000 doses received last week to vaccinate the 'High-Risk' population***
- ***MTF Commanders must ensure only individuals identified in each priority is vaccinated this CY 04/05***

CPF's - Medical Readiness

- 62K Soldiers in USAREUR, 3 year tour, 20K come/20K go each year - 21 CPF's with Med sections in Europe
- Your first of 5 opportunities to update/populate medical readiness
- Is directed/spelled out in updated AE Reg 612-1, to be published soon -
Directs that Soldier is medically ready within 3 days of arrival at gaining unit
- ERMCC Policy is being drafted to provide uniform and synchronized procedures/checklist

CPF's - Medical Readiness



- FHPO obtains monthly list of new arrivals from 1st PERSCOM, we then look at approx 10% for each CPF Med section. Check for 100% FMR (8 USR Items), 9 Non-USR, G6-PD, Anthrax and HEP B (As applicable)
- Monthly report provided to ERMCLeadership/MTF CDR/DCA/DCCS
- FHPO providing SAV's to each CPF Med section
- Currently Med Sections are not doing a very good job
- Is critical to Soldier completed at CPF or else will be doing daily SRP's at your clinic

CPF's - Medical Readiness

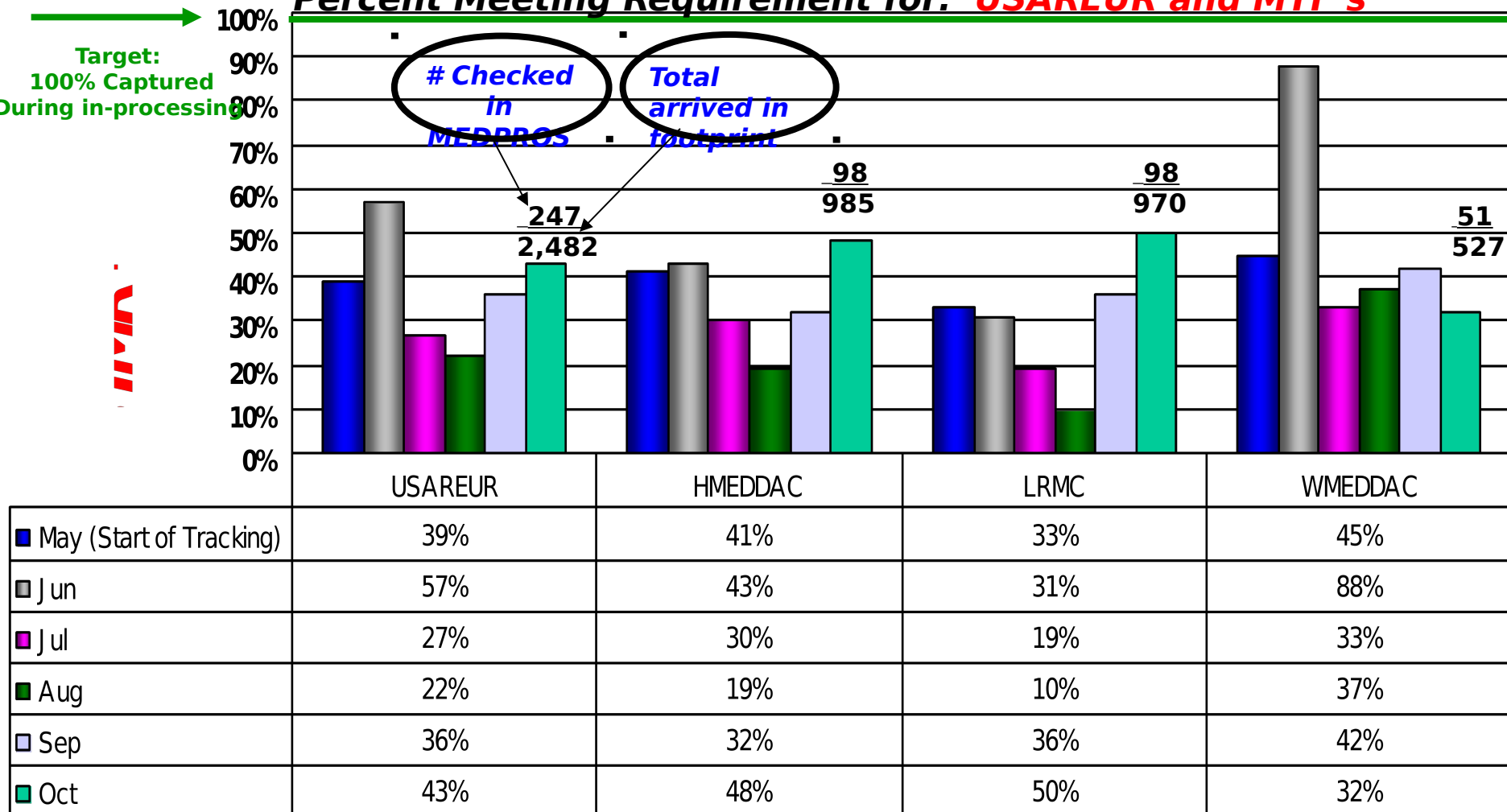
UMR/IMR Categories

- **Fully Medically Ready (FMR):** Soldier meets all 8 USR reportable items
 - Not Pregnant (Updated at User Level)
 - Medical Non-deployable Profile (Updated User Level)
 - DNA (Updated Weekly)
 - Dental (Updated Daily)
 - HIV (Updated Weekly)
 - Immunizations (Updated at User Level)
 - No Limited Duty Profile (Updated at User level)
 - Current Physical Exam (Updated Bi-Weekly)
- **Critical, but not USR Reportable (These are the ones the unit verify and do quarterly):**
 - 90 Days Meds (Updated at User level)
 - Medical Warning Tags (Updated at User level)
 - 2-Pair of Military Glasses (Updated at User level)
 - Protective Mask Inserts (Updated at User level)
 - Hearing Aid with Batteries (Updated at User level)
 - Eye, Hearing, Respiratory Equip (Updated at User level)
 - Panograph (Updated Daily from CDA)
- **Others:** G6-PD. Anthrax and HEP B to become a part of Routine Adult Profile in MEDPROS for those that have started. Will take a few weeks after Anthrax Pause is lifted to show in MEDPROS.

Monthly MTF Medical Inprocessing at Central Processing Facilities (CPF)

MEDPROS - Individual Medical Readiness (IMR)

Percent Meeting Requirement for: **USAREUR and MTF's**

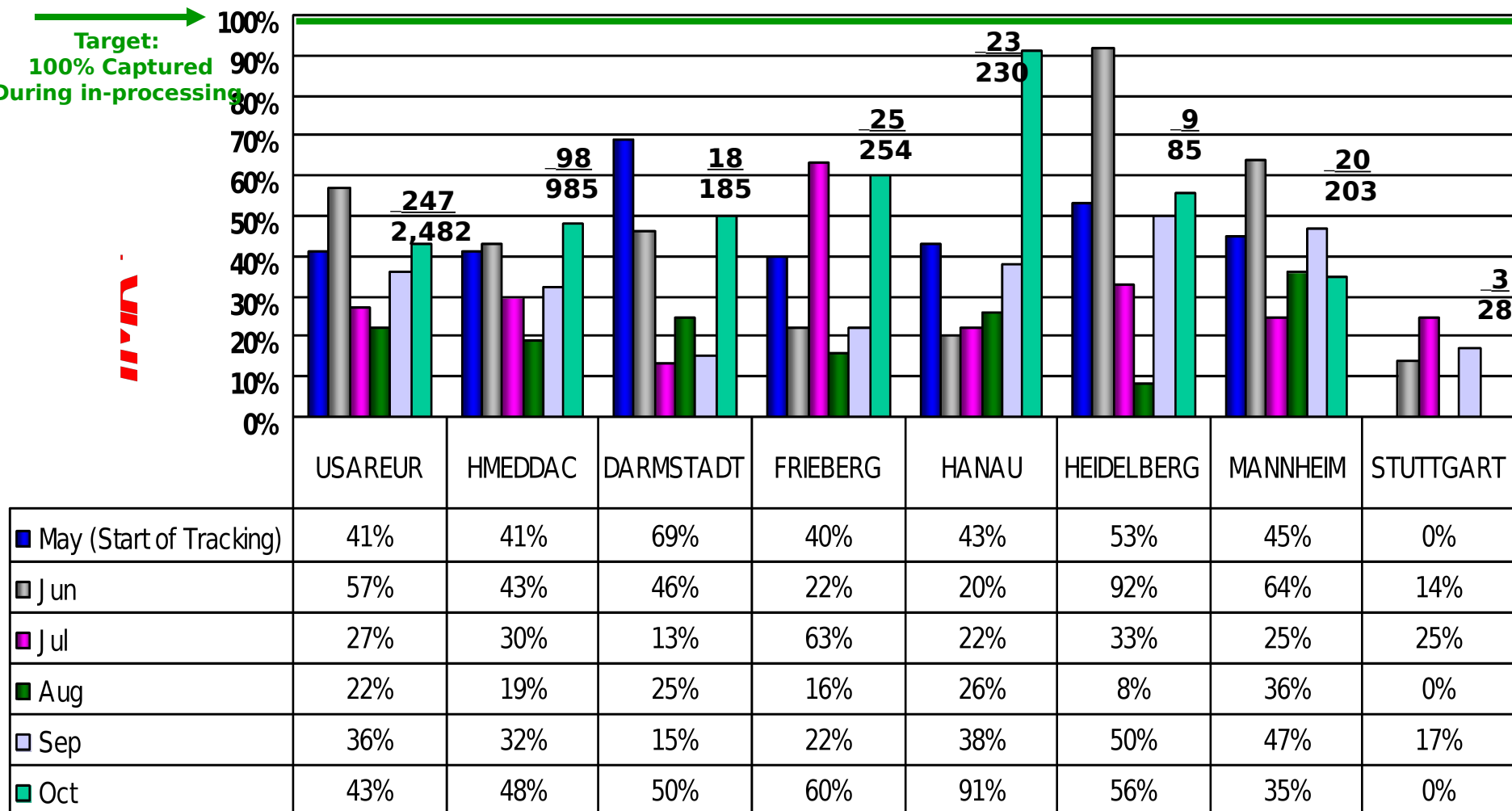


= 8 USR, 9 Non-USR, Anthrax and G6-PD data elements in MEDPROS Data Source is MEDPROS as of 07 Oct
 Based on Approx 10% representative check of 1ST PERSCOMS Roster for newly arrived Soldiers in Aug to their pers
 Overall percent for USAREUR and the MTF's is based on combined percentages for the CPF's in each footprint.

Monthly MTF Medical Inprocessing at Central Processing Facilities (CPF)

MEDPROS - Individual Medical Readiness (IMR)

Percent Meeting Requirement for: **HMEDDAC CPF's**

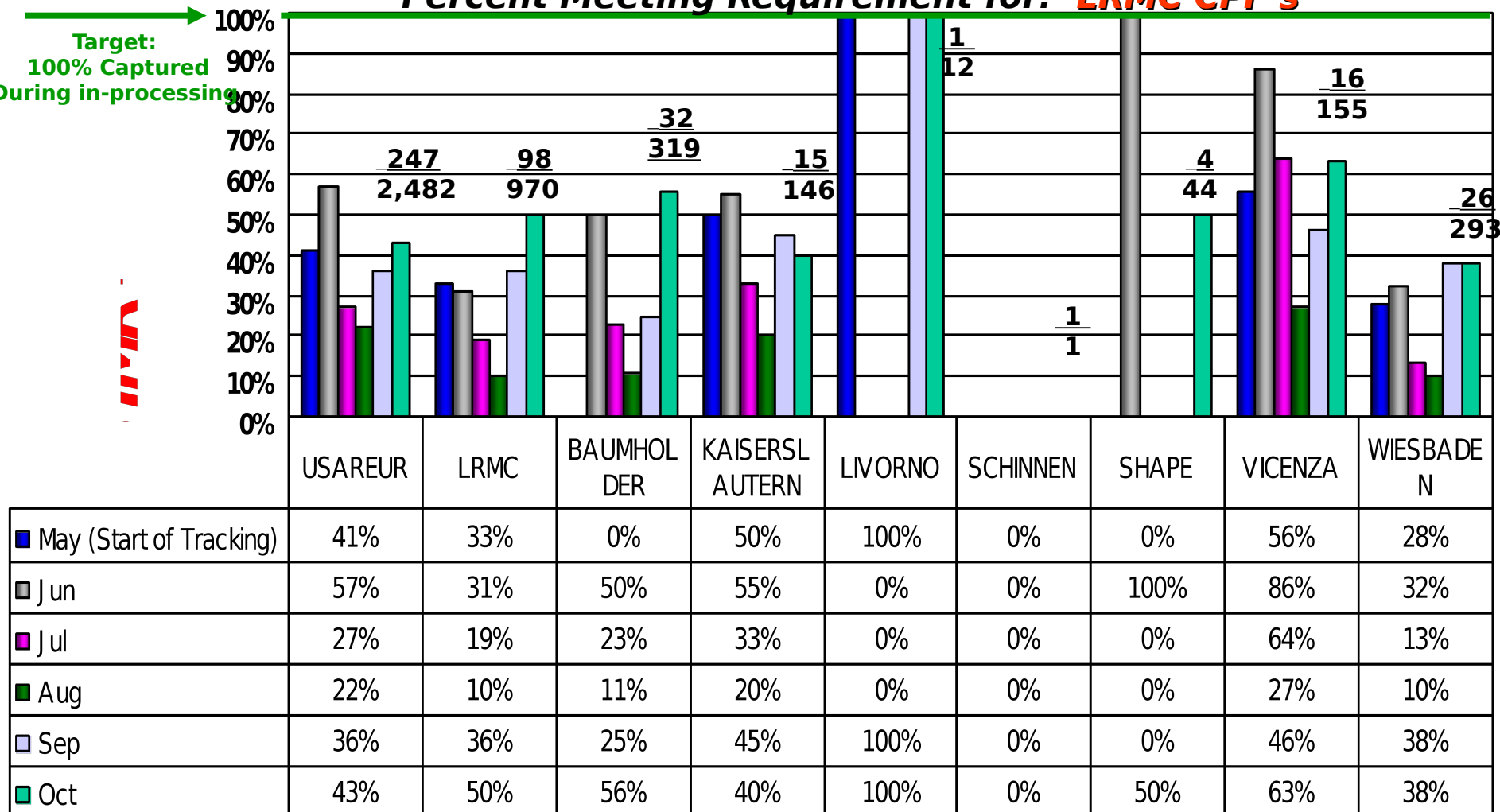


* = 8 USR, 9 Non-USR, Anthrax and G6-PD data elements in MEDPROS
 Based on Approx 10% representative check of 1ST PERSCOMS Roster for newly arrived Soldiers in Aug to their pers
 Percent for CPF is based on the number of Soldiers checked in MEDPROS and compliance of data entered.

Monthly MTF Medical Inprocessing at Central Processing Facilities

MEDPROS - Individual Medical Readiness (IMR)

Percent Meeting Requirement for: **LRMC CPF's**

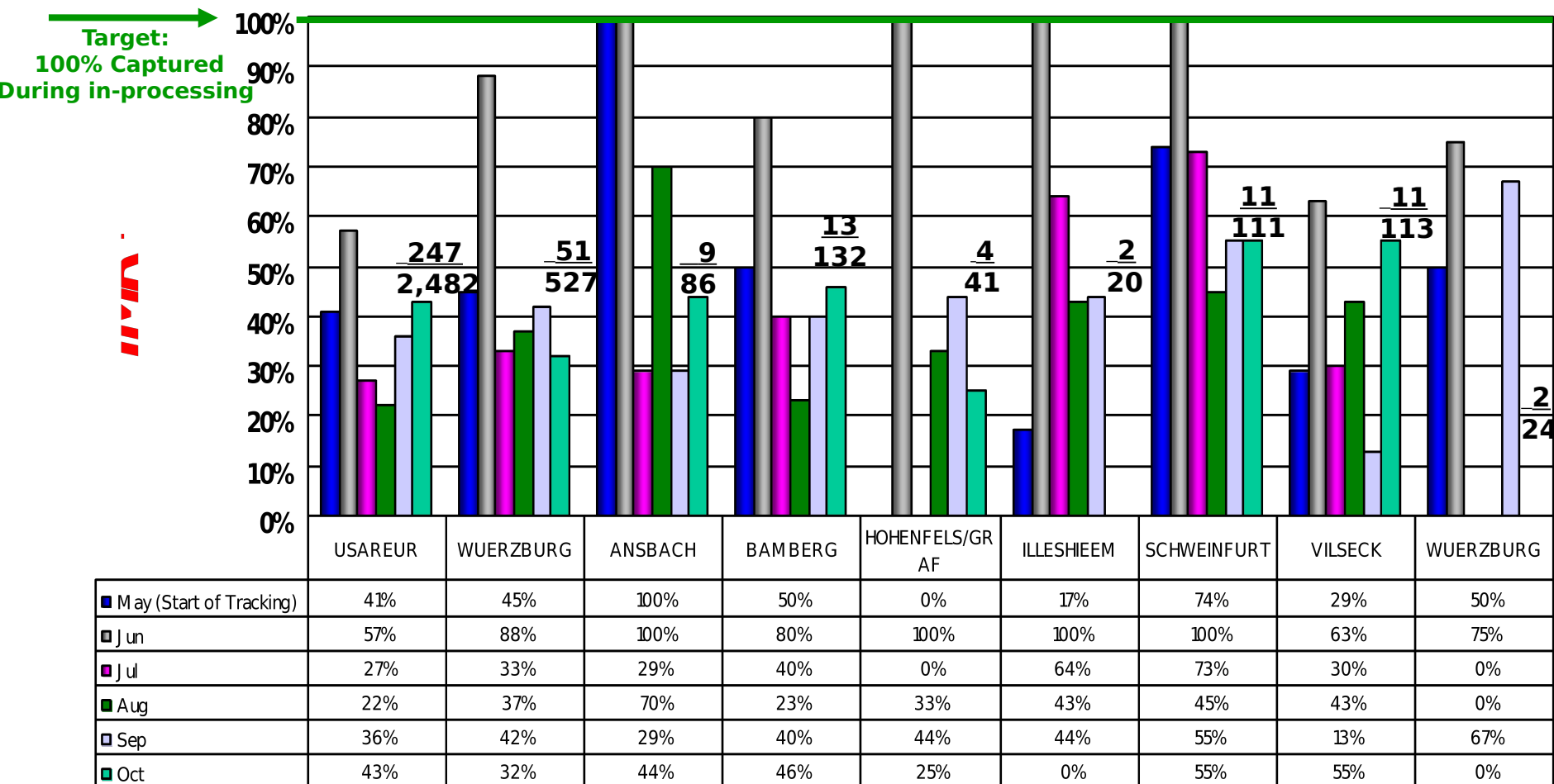


* = 8 USR, 9 Non-USR, Anthrax and G6-PD data elements in MEDPROS
 Data Source is MEDPROS as Based on Approx 10% representative check of 1ST PERSCOMS Roster for newly arrived Soldiers in Aug to their pers
 Percent for CPF's is based on the number of Soldiers checked in MEDPROS and compliance of data entered.

Monthly MTF Medical Inprocessing at Central Processing Facilities

MEDPROS - Fully Medically Ready (FMR)

Percent Meeting Requirement for: **WMEDDAC CPF's**



* = 8 USR, 9 Non-USR, Anthrax and G6-PD data elements in MEDPROS
 Data Source is MEDPROS as of 10/1/04
 Based on Approx 10% representative check of 1ST PERSCOMS Roster for newly arrived Soldiers in Aug to their personal files
 Percent for CPF's is based on the number of Soldiers checked in MEDPROS and the compliance of data entered.

CPF's - Medical Readiness



Command Emphasis:

- 100% screened and updated is the standard (Dental and current physical exam may extend beyond the in-processing cycle)
- Ensure Med Sections at CPF are doing their job
- Ensure MEDPROS READ/WRITE capability/connectivity
- Ensure med readiness updating procedures are Soldier friendly
- Ensure compliance with new Policy being drafted
- Line unit CDRs are directed to comply with GEN Bell Policy Letter 32

CPF's - Medical Readiness

MTF/Clinic Feedback

- Describe/discuss your CPF Med section inprocessing/outprocessing operation for:
 - Baumholder
 - Dexheim
 - Kaiserslautern
 - Livorno
 - Nato
 - Vicenza
 - Wiesbaden

CPF's - Medical Readiness

